

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 86776

START CARD # 185159

(1) LAND OWNER Owner Well I.D. _____

First Name _____ Last Name _____
 Company Crane UHS/Crane ES
 Address PO Box 828
 City Crane State OR Zip 97732

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 300 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	30	Bentonite	0	30	25	S
8	30	300					

How was seal placed: Method A B C D E

Other poured dry and tam

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	1.5	120	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/ pipe size

Perf/	Casing/	Screen	Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/
								width	length	slots	pipe size

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200		300	

Temperature 58 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County HARNEY Twp 25 S N/S Range 34 E E/W WM
 Sec 7 SE 1/4 of the SE 1/4 Tax Lot 100
 Tax Map Number _____ Lot _____
 Lat 43 °25 '2.000 " or 43.4172222 DMS or DD
 Long -118 °34 '29.000 " or -118.5747222 DMS or DD
 Street address of well Nearest address

43277 Crane Venator Lane

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening			
Completed Well	08-30-2006		65

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 65

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
08-30-2006	65	300	200		65

(11) WELL LOG

Ground Elevation _____

Material	From	To
cinders fill	0	1
clay sand cobbles	1	20
clay brn	20	45
sand & gravel	45	90
sandstone brn	90	98
gravel med	98	118
claystone blue	118	260
claystone/clay	260	270
shale blk	270	300

Date Started 08-29-2006 Completed 08-30-2006

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

License Number _____ Date _____

Password: (if filing electronically) _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1424 Date 08-31-2006

Password: (if filing electronically) _____

Signed *Andy R. Coley*

Contact Info (optional) _____

RECEIVED

SEP 11 2006

ORIGINAL - WATER RESOURCES DEPARTMENT