

HARN 51545

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL ID. # L 90671

START CARD # 187152

Instructions for completing this report are on the last page of this form.

(1) LAND OWNER Well Number _____
 Name Ron Krettinger
 Address 67396 Crane-Buchanan Rd.
 City Burns State OR Zip 97720

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

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well 152 ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sack or Pounds
Diameter	From	To	Material	From	To	
16"	0	25	Bentonite	0	25	34
10"	25	152				

How was seal placed: Method A B C D E
 Other poured and tamped
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+1.5'	27.5'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10"	+1.5'	96'	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown "	Drill stem at	Time
300	24' 6"	to 59'	2 hrs

Temperature of water 54 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County Harney
 Tax Lot 900 Lot _____
 Township 24 N^o Range 33 W WM
 Section 12 NE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 67396 Crane Buchanan Rd - Burns, OR 97720

(10) STATIC WATER LEVEL
24' 6" ft. below land surface. Date 2-28-09
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 57'

From	To	Estimated Flow Rate	SWL
57'	152'	300 plus	24' 6"

(12) WELL LOG Ground Elevation 4100

Material	From	To	SWL
Clay, brown	0	57	
Clay, multi colored w/ small gravel	57	87	24' 6"
clay, grey w/ fine sand and gravel	87	152	

RECEIVED

MAR 30 2009

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 6-10-06 Completed 2-28-09

(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.

WWC Number _____ Date _____

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.

WWC Number 1459 Date 3-27-09

Signed Ron Krettinger