

STATE OF OREGON
WATER SUPPLY WELL REPORT

HARN 51583

(ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 100261

START CARD # 200511

ORIGINAL LOG #

Harn
51583

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

(1) LANDOWNER Owner Well I.D. _____
First Name DAVE Last Name MIMS
Company _____
Address PO Box 787
City CRANE State OR Zip 97732

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 400 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	58	BENTONITE	0	18	23	Scks
8"	58	180	CAVING SAND	18	58		
6"	180	400					

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lintr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<u>18"</u>		<u>20"</u>	<u>+</u>	<u>2</u>	<u>58</u>	<u>.250</u>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 30 Drawdown 300 Drill stem/Pump depth 1hr. Duration (hr) _____
Temperature 62 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County HARNEY Twp 25 No 34 Range 34 E or W W.M.
Sec 06 SW 1/4 of the SW 1/4 Tax Lot 800
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 63053 CRANE-BAHAMAN RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>6-09-09</u>		-	<u>69'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 80'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-09-09</u>	<u>80</u>	<u>300</u>	<u>30+</u>		-	<u>69</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
BRN TOPSOIL	0	6
BRN. SAND	6	16
WHITE SANDY CLAY	16	30
BROKEN BRN. SANDSTONE	30	45
CLAY WITH SAND	45	56
COARSE BRN. SAND	56	58
TAN CLAY	58	62
HARD BRN SANDSTONE - BROKEN	62	67
BLK. & BRN. BASALT - CLAY STREAMS	67	317
VOM BROKEN BASALT	317	328
BLACK BASALT & GRN. CLAYSTONE SEAMS	328	400

Date Started 6-01-09 Completed 6-08-09

(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.

License Number 1739 Date 6-09-09
Signed Charles Fry

(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 1355 Date 6-09-09
Signed Arthur J Fry
Contact Info. (optional)

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JUL 02 2009

WATER RESOURCES DEPT

HARN 51583

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 Yield gal/min 30 Drawdown _____ Drill stem/Pump depth 300 Duration (hr) 1hr.
 Temperature 62 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below) _____ ppm

From	To	Description	Amount	Units

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 Sec 06 SW 1/4 of the SW 1/4 Tax Lot 800
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<u>WHITE SANDY CLAY</u>	<u>16</u>	<u>30</u>
<u>BROKEN BRN. SANDSTONE</u>	<u>30</u>	<u>45</u>
<u>CLAY WITH SAND</u>	<u>45</u>	<u>52</u>
<u>COARSE BRN. SAND</u>	<u>52</u>	<u>58</u>
<u>TAN CLAY</u>	<u>58</u>	<u>62</u>
<u>HARD BRN SANDSTONE - BROKEN</u>	<u>62</u>	<u>67</u>
<u>BLK. + BRN. BASALT - CLAY STRAINS</u>	<u>67</u>	<u>317</u>
<u>VERY BROKEN BASALT</u>	<u>317</u>	<u>328</u>
<u>BLACK BASALT + GRN. CLAYSTONE STRAINS</u>	<u>328</u>	<u>400</u>

Date Started 6-01-09 Completed 6-08-09

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