

WELL LABEL # L 102517

START CARD # 1010162

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Second Oregon Ranch  
 Address PO Box 883  
 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 370.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
18	0	18	Bentonite	0	18	40	S
14	18	370					

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 type="checkbox"/>	14	<input checked="" type="checkbox"/>	2	214	.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/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/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	Drawdown	Drill stem/Pump depth	Duration (hr)
800		350	

Temperature 60 °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 24.00 S N/S Range 33.00 E E/W WM

Sec 11 NW 1/4 of the NW 1/4 Tax Lot 2500

Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_

Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street address of well  Nearest address

67114 Quincy Road

**(10) STATIC WATER LEVEL**

Date \_\_\_\_\_ SWL(psi) + SWL(ft)

Existing Well / Predeepening \_\_\_\_\_

Completed Well 05-31-2010 \_\_\_\_\_ 20

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES**

Depth water was first found 30

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-31-2010	30	360	1,000		20

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil sandy loam	0	3
Clay Brown	3	28
Clay Grey	28	40
Sand Black	40	62
Sand Clay Grey	62	130
Clay Sand Green	130	210
Sandstone Grey	210	250
Clay Green Hard	250	265
Clay Green Soft	265	280
Clay Green Hard	280	305
Sandstone Grey	305	340
Clay Green Hard	340	367
Clay Green Soft	367	370

Date Started 05-25-2010 Completed 05-31-2010

**(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 \_\_\_\_\_

Electronically Filed

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 06-18-2010

Electronically Filed

Signed TIMOTHY K RILEY (E-filed)

Contact Info (optional) \_\_\_\_\_

RECEIVED

DEC 06 2011

WATER RESOURCES DEPT  
 SALEM, OREGON