

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

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company SUNNYSIDE DAIRIES, LLC  
 Address 4851 MAPLE GROVE RD  
 City SUNNYSIDE State WA. Zip 98944

(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  Injection  
 Thermal  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard:  Yes (attach copy)  
 Depth of Completed Well 560 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount Scks/lbs
20"	0	120	CEMENT	0	120	6674 660
			5% BENTONITE			300 660
12"	120	310				
8"	310	560				

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		14"	+	1 1/2	120	.250	✓		✓	

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	Lnr	Screen Dia	From	To	Screen/ slot width	length	slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 350 Drawdown 500 Drill stem Pump depth 500 Duration (hr) 1

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 N of S Range 34 E of W. M.  
 Sec 30 NW 1/4 of the NW 1/4 Tax Lot 1800  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

Street Address of Well (or nearest address) 65341 CRANE - BUCHANAN RD.  
CRANE

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>7-12-13</u>			<u>78'</u>

Flowing Artesian?  Yes Dry Hole?  Yes

WATER BEARING ZONES Depth water was first found 190

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-08-13</u>	<u>190</u>	<u>285</u>	<u>200</u>		-	<u>78</u>
<u>7-12-13</u>	<u>285</u>	<u>560</u>	<u>150</u>		-	<u>78</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_

Material	From	To
SANDY TOPSOIL	0	5
TAN CLAY	5	32
VERY SANDY BRN CLAY	32	110
SANDSTONE - GRAY CLAY	110	190
LAYERS OF GREEN CLAY + SANDSTONE - SAND	190	230
GREEN CLAY - PUMICE SAND	230	242
GREEN CLAY - SAND STREAKS	242	285
FRACTURED BASALT	285	560

Date Started 7-2-2013 Completed 7-31-2013

(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 \_\_\_\_\_  
 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 1355 Date 8-11-2013  
 Signed Arthur L. Jay  
 Contact Info. (optional) \_\_\_\_\_