**STATE OF OREGON**
**WATER SUPPLY WELL REPORT**
**(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)**

**HARN 53298**
**8/11/2026**

| | |
|---|---|
| **WELL I.D. LABEL# L** | 140136 |
| **START CARD #** | 1082439 |
| **ORIGINAL LOG #** | HARNEY 53185 |

## (1) LAND OWNER

Owner Well I.D. _____

First Name DAVID Last Name DOMAN

Company _____

Address PO BOX 811

City CRANE State OR Zip 97732

## (2) TYPE OF WORK

☐ New Well ☐ Deepening ☐ Conversion
☒ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

## (2a) PRE-ALTERATION

| | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|---|---|---|---|---|---|---|---|---|---|
| **Casing:** | 12 | ☒ | 2 | 18 | 0.250 | ◉ | ○ | ☒ | ☐ |

| | Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|---|
| **Seal:** | | | | | |

## (3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ 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 300.00 ft.

| BORE HOLE Dia | From | To | SEAL Material | From | To | Amt | sacks/lbs |
|---|---|---|---|---|---|---|---|
| 12 | 0 | 20 | Bentonite Chips | 0 | 20 | 600 | P |
| 8 | 20 | 300 | | | Calculated | 488.16 | |
| | | | | | | | |
| | | | | | Calculated | | |

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED

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

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 9/10/2025 Begin Time 08 00

## (5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

## (6) CASING/LINER

| C/L | Dia | + | From | To | Gauge | Mat. Type | Wld | Thrd | Shoe | Shoe Location |
|---|---|---|---|---|---|---|---|---|---|---|
| C | 8 | ☒ | 2 | 130 | 0.250 | ST | ☒ | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____

## (7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

| Perf/ Screen | 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

| Type of Test | Yield (gal/min ) | Drawdown | Drill Stem/ Pump Depth | Duration (hr) |
|---|---|---|---|---|
| Pump | 35 | 22 | 200 | 12 |
| | | | | |
| | | | | |

Temperature 67 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 180 ppm

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County HARNEY Twp 25.00 S N/S Range 34.00 E E/W WM

Sec 7 NE 1/4 of the NE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat ___° ___' ___" or 43.41860300 DMS or DD

Long ___° ___' ___" or -118.57176800 DMS or DD

◉ Street address of well ○ Nearest address

64341 VISTA AVE., CRANE, OR 97732

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | 7/15/2021 | | ☐ | 60 |
| Completed Well | 9/17/2025 | | ☐ | 72 |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 130.00

| SWL Date | From | To | Est Flow | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|---|---|
| 8/29/2025 | 130 | 138 | 5 | | ☐ | 60 |
| 9/9/2025 | 200 | 215 | 15 | | ☐ | 60 |
| 9/15/2025 | 290 | 300 | 35 | | ☐ | 72 |
| | | | | | ☐ | |
| | | | | | ☐ | |

## (11) WELL LOG

Ground Elevation _____

| Material | From | To |
|---|---|---|
| BLUE BROWN CLAY | 215 | 235 |
| BROWN CLAY | 235 | 264 |
| GRAY CLAY | 264 | 290 |
| PUMICE | 290 | 300 |

Construction Begin Date 8/27/2025 Begin Time 08 00 End Date 9/17/2025

**(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 1675 Date 8/11/2026

Signed GEORGE VALENTINE (E-filed)

Drilling Company: VALENTINE DRILLING CO.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

**HARN 53298**

**8/11/2026**

Map of Hole

**STATE OF OREGON**
**WELL LOCATION MAP**

This map is supplemental to the WATER SUPPLY WELL REPORT

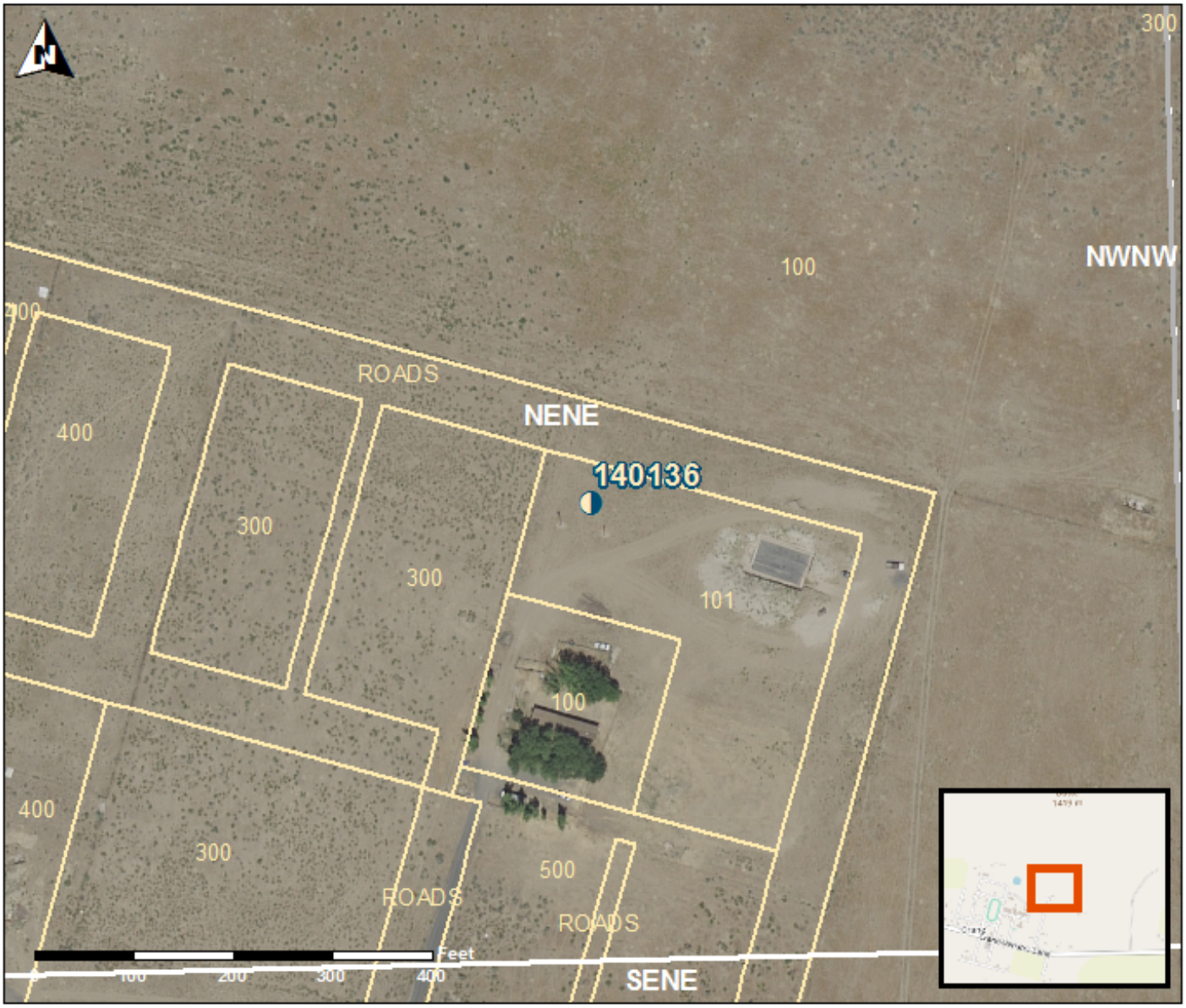
**Oregon Water Resources Department**
725 Summer St NE, Salem OR 97301
(503)986-0900

**LOCATION OF WELL**

Latitude: 43.41860300 Datum: WGS84
Longitude: -118.57176800
Township/Range/Section/Quarter-Quarter Section:
WM25.00S34.00E7NENE
Address of Well:
64341 VISTA AVE., CRANE, OR 97732

**Well Label: 140136**

**Printed: June 24, 2026**

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor