

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

12-31-2009

(CORRECTION) (9)

WELL LABEL # L 100116

START CARD # 1008927

(1) LAND OWNER Owner Well I.D. _____

First Name MONTY Last Name CRUM

Company MONTY CRUM RANCHES LLC

Address PO BOX 121

City IONE State OR Zip 97843

(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 705.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	18	Bentonite	0	18	17	S
8	18	705					

How was seal placed: Method A B C D E

Other Poured Bentonite

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 checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	18	.25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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

<input type="radio"/> Pump	<input type="radio"/> Bailer	<input checked="" type="radio"/> Air	<input type="radio"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		525	1

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Units

RECEIVED
JAN 14 2010

(9) LOCATION OF WELL (legal description)

County Morrow Twp 1.00 S N/S Range 25.00 E E/W WM

Sec 1 ~~SW~~ NE 1/4 of the ~~SW~~ NW 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

72698 BASELINE RD - IONE, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	12-29-2009		74

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 165

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
12-29-2009	165	200	50		74
12-29-2009	210	240	500		74

(11) WELL LOG

Material	From	To	Ground Elevation
SOIL	0	11	
BLACK BASALT	11	65	
BROWN SCORIA/TAN CLAYSTONE	65	90	
BLACK BASALT	90	165	
BLACK SCORIA/W/GREEN CLAYSTONE	165	200	
BLACK BASALT	200	210	
BLACK SCORIA W/TAN CLAYSTONE	210	240	
BLACK BASALT	240	330	
BLACK BASALT W/BUE CLAYSTONE	330	340	
BROWN BASALT W/ TAN CLAYSTONE	340	360	
BLACK BASALT	360	500	
BROWN SCORIA	500	522	
BLACK BASALT	522	705	

Date Started 12-04-2009 Completed 12-29-2009

(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 1735 Date 12-31-2009

Electronically Filed

Signed CHAD COURTNEY (E-filed)

(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 1881 Date 12-31-2009

Electronically Filed

Signed GARRY L ZOLLMAN (E-filed)

Contact Info (optional)