

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

WELL LABEL # L 85978
 START CARD # 189366

(1) LAND OWNER Owner Well I.D. _____
 First Name JIM Last Name CRUCKSHANK
 Company CRUCKSHANK, KAY
 Address PO BOX 679
 City CANNON BEACH State OR Zip 97110

(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 70 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	38	Bentonite	0	11	15	S
6	38	70	Cement	11	38	20	S

How was seal placed: Method A B C D E

Other Poured into Annular

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"/>	6		2	38	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		10	50	160	<input 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 Slotted Material PVC

Perf/	Casing/	Screen	Screen	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Screen	Liner	4.5	50	70	.125			

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
40		30	1 HR

Temperature 52 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County WASHINGT Twp 2 N N/S Range 4 W E/W WM
 Sec 5 NE 1/4 of the SW 1/4 Tax Lot 1200
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' " or _____ DMS or DD
 Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well Nearest address

51200 NW STALEY RD, BANKS

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	07/25/06		16

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 45

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07/25/06	45	65	40		16

(11) WELL LOG

Ground Elevation _____

Material	From	To
Topsoil	0	1
Brown Clay	1	4
Gray Silty Clay	4	8
Fine to Medium Gravel w/ Sand & Gray Clay	8	28
Gray Clay	28	31
Gray Claystone	31	70

RECEIVED

JUL 28 2006

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 07/21/06 Completed 07/25/06

(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 _____

Password: (if filing electronically) _____

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 1266 Date 7/26/06

Password: (if filing electronically) _____

Signed _____

Contact Info (optional) _____