

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 587.765)

JUL 10 1988

2183 CROO

155/16E-76

**WATER RESOURCES DEPT**

(1) OWNER: SALEM, OREGON 97301-2065  
 Name OCHOCO LUMBER CO.  
 Address P.O. BOX 668  
 City Prineville, State OR Zip 97754

(2) TYPE OF WORK:  
 New Well  Deepen  Recondition  Abandon

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  
 Other

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

(5) BORE HOLE CONSTRUCTION:  
 Special Construction approval Yes No  Depth of Completed Well 231 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	20	Cement	0	20	32 sacks
10"	0	231	Bore			

How was seal placed: Method  A  B  C  D  E  
 Other

Backfill placed from 215 ft. to 231 ft. Material 1/4"  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	0	70	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8"	-2	232		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 70' on 10" pipe

(7) PERFORATIONS/SCREENS:  
 Perforations Method Torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
215	231	1/8"	75		8"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailor  Air  Flowing Artesian  
 Yield gal/min Drawdown Drill stem at Time  
 200 gpm \_\_\_\_\_ 200 \_\_\_\_\_ 1 hr.

Temperature of water \_\_\_\_\_ Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes By whom \_\_\_\_\_  
 Did any strata contain water not suitable for intended use?  Too little  
 Salty  Muddy  Odor  Colored  Other \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County Crook Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 15S N or S, Range 16E E or W, WM.  
 Section 4 NW 1/4 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Combs Flat Rd.

(10) STATIC WATER LEVEL:  
 40 ft. below land surface. Date 5/25/88  
 Artesian pressure \_\_\_\_\_ l/s per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
228	235	200 gpm	40

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
TOPSOIL	0	1	
BROWN CLAY	1	7	
CLAY, SAND & GRAVEL	7	17	
CEMENTED GRAVEL & CLAY	17	20	
SAND & GRAVEL & CLAY	20	25	
CEMENTED GRAVEL & CLAY	25	35	
BLUE SAND & SILT	35	65	
BLUE CLAY	65	85	
BLUE PACKED SAND & CLAY	85	227	
SAND & GRAVEL, Large	227	235	40

RECEIVED

AUG 28 2008

WATER RESOURCES DEPT.  
 SALEM, OREGON  
 Date started 5/23/88 Completed 5/26/88

(unbonded) Water Well Constructor Certification:  
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 Signed *[Signature]* WWC Number \_\_\_\_\_ Date 5/27/88

(bonded) Water Well Constructor Certification:  
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed *[Signature]* WWC Number 514 Date 5/28/88