

CROO 52576

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

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AUG 12 2005

WATER RESOURCES DEPT.

Instructions for completing this report are on the back of this form.

WELL ID. # L 71636

START CARD # 155634

(1) LAND OWNER

Name Fred MooreAddress PO Box 276City FoxState ORZip 97831Well Number 1191

(2) TYPE OF WORK

☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other

(4) PROPOSED USE

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Construction: ☐ Yes ☒ NoDepth of Completed Well 415 ft.Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE				SEAL				Sacks or Pounds	
Diameter	From	To	Material	From	To	Material	From	To	Sacks or Pounds
12"	0	26	Bentonite	0	26				12 Sacks
8"	26	415							

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other Poured in Dry

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+2	26	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-5	415	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used ☐ Inside ☐ Outside ☒ None

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

☒ Perforations Method Factory
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
375	415	3X1/8"	448	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gals/min	Drawdown	Drift stem at	Time
80	unknown	415	1 Hour

Temperature of water 68 Degrees Depth Artesian Flow Found _____Was a water analysis done? ☐ Yes By whom _____Did my strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata: _____

(9) LOCATION OF WELL (legal description)

County CrookTax Lot 2801

Lot _____

Township 16

S

Range 17

E

WM

Section 29

SE

1/4

SE

1/4

Lat _____ " or _____ (degrees or decimal)

Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Golden Eagle Drive

(10) STATIC WATER LEVEL

270 ft. below land surface. Date 9/17/2004

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 370

From	To	Estimated Flow Rate	SWL
370	390	60	270

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1-1/2	
Soft Brown Basalt	1-1/2	15	
Hard Green Clay Stone	15	180	
Hard Blue Green Clay Stone	180	180	
Hard Brownish Red Clay Stone	180	220	
Hard Grey Clay Stone	220	240	
Soft White Clay Stone	240	350	
Hard Green & Red Clay Stone	350	415	270

Date Started 9/16/2004Completed 9/17/2004

(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.

WWC Number 1583Date 9/17/2004Signed David A. Schlichting

(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.

WWC Number 584Date 9-17-04Signed Danell Maphet

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

RECEIVED

MAY 21 2007

WATER RESOURCES DEPT
SALEM, OREGON