

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

CROO CROO 1263
 1263
 JAN 19 1989

148/1102/2005
 6435

(1) **OWNER:**
 Name QUAIL VALLEY PARK IMPROVEMENT DISTRICT
 Address PO BOX 175
 City PRINEVILLE State ORE 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 920 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
15"	0	98	CEMENT	0	98	100
8"	98	920				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded		Threaded	
					Steel	Plastic	Welded	Threaded	Welded	Threaded		
Casing:	100	+2	98	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 85 Drawdown 487' Drill stem at 900 Time 1 hr.

Temperature of water 72° 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 TOO HARD
 Depth of strata: 60-90'

WATER RESOURCES DEPARTMENT (PART CARD) # 6435
 (9) **LOCATION OF WELL by legal description:**
 County Crack Latitude _____ Longitude _____
 Township 14S N or S, Range 16E E or W, WM.
 Section 26 NW ¼ SW ¼
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) **STATIC WATER LEVEL:**
118 ft. below land surface. Date 12-12-88
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60	90	30	60
871	900	85	118

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
SANDY TOP SOIL	0	1	
BROWN SANDSTONE	1	85	
BROKEN GREEN ROCK	85	90	
GREEN ROCK	90	221	
BLUE-GREEN ROCK	221	342	
OLIVE-GREEN ROCK	342	379	
BLUE-GREEN ROCK	379	396	
OLIVE-GREEN ROCK	396	455	
BROWN ROCK	455	489	
LITE GREY-GREEN ROCK	489	871	
HEAVY DARK GREEN ROCK	871	920	

Date started 11-14-88 Completed 12-12-88

(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.
 WWC Number _____
 Signed _____ Date _____

(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.
 WWC Number 584
 Signed Daniel M. ... Date 12-89