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WATER RESOURCES DEPT
SALEM, OREGON

CROO 1563

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14S/16E-32ca

STATE OF OREGON

# WATER WELL REPORT
(as required by ORS 537.765)

Owner's Well Number:

## (1) OWNER:
Name STEVE CHAPPELL
Address 905 CREST DR.
City PRINEVILLE State OR. Zip 97754

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

## (3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Other

## PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☒ Thermal ☒ Injection ☐ Other

## (5) BORE HOLE CONSTRUCTION:
Depth of Completed Well 91' ft.
Special Standards date of approval

| HOLE Diameter | From | To | SEAL Material | From | To | Amount sacks or pounds |
|---|---|---|---|---|---|---|
| 10" | 0 | 25 | Cem. | -2 | 22 | 6 SACKS |
| 8" | 25 | 90 | | | | |

How was seal placed? Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other PUMPED VIA TREMIE PIPE
Backfill placed from ft. to ft. Material
Gravel placed from 90 ft. to 22 ft. Size of gravel 1/4 MIN

## (6) CASING/LINER:

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| Casing: | 6" | +1 | 91 | .250 | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s)

## (7) PERFORATIONS/SCREENS:
☒ Perforations Method TORCH
☐ Screens Type Material

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 70 | 91 | 1/8 | 100 | 6" | | ☒ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

## (8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal/min | Pumping level | Drill stem at | Time |
|---|---|---|---|
| 35 | 82' | | ½ hr 1 hr |
| | | | |
| | | | |

Temperature of water 56° 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 14S N or S, Range 16E E or W, WM.
Section 32 NE ¼ SW ¼ Valley View
Tax Lot 2300 Lot 11 Block 5 Subdivision
Street Address of Well (or nearest address) SAME.

## (10) STATIC WATER LEVEL:
71 ft. below land surface, Date 10-29-87
Artesian pressure — lb. per square inch. Date

## (11) WELL LOG:
Ground elevation

| Material | From | To | WB? | SWL |
|---|---|---|---|---|
| Top Soil | 0 | 4 | | |
| GRAVEL & CLAY | 4 | 6 | | |
| GRAVEL | 6 | 14 | | |
| BROWN CLAY | 14 | 72 | | |
| W/B SAND | 72 | 87 | 71 | 71 |
| BLACK STICKY CLAY | 87 | 91 | | |

Date started 10-28-87 Completed 10-29-87

**(unbonded) Water Well Constructor Certification:**
I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed Date

**(bonded) Water Well Constructor Certification:**
I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
Signed Curt Clawson Date 11-3-87
Company Clawson Well Drilling Co. Job No.

9809C 10/85

CROO 1563

Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

# Application for
# Well ID Number

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WATER RESOURCES DEPT
SALEM, OREGON

*Do not complete if the well already has a Well I.D Number.*

## I. OWNER INFORMATION

Current Owner Name *(please print)*: Steven & Robin Chappell
Mailing Address: 905 NE Crest Dr.
City: Prineville State: OR Zip: 97754
Mailing Address *(to send Well I.D.)*:
City: State: Zip:

## II. WELL INFORMATION *(Do not complete this section if the well report is attached.)*

Township: 14 (North/South) Range: 16 (East/West) Section: 32 DC
Tax Lot: 2300 County: Crook 1/4 1/4
Street Address of Well: 905 NE Crest Dr. City: Prineville
Owner at time the well was constructed, (if known):
If the property had a different street address in the past:

## III. GENERAL WELL INFORMATION *(Do not complete this section if the well report is attached)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): irrigation for City lot
Date Well Constructed: Total Well Depth: Casing Diameter:
Other Information:

SUBMITTED BY *(please print)*: Rachel Rhoden
PHONE: 541-447-8993 FAX: 541-447-7323

Send application to Oregon Water Resoureces Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

*For Official Use Only by the Oregon Water Resources Department:*

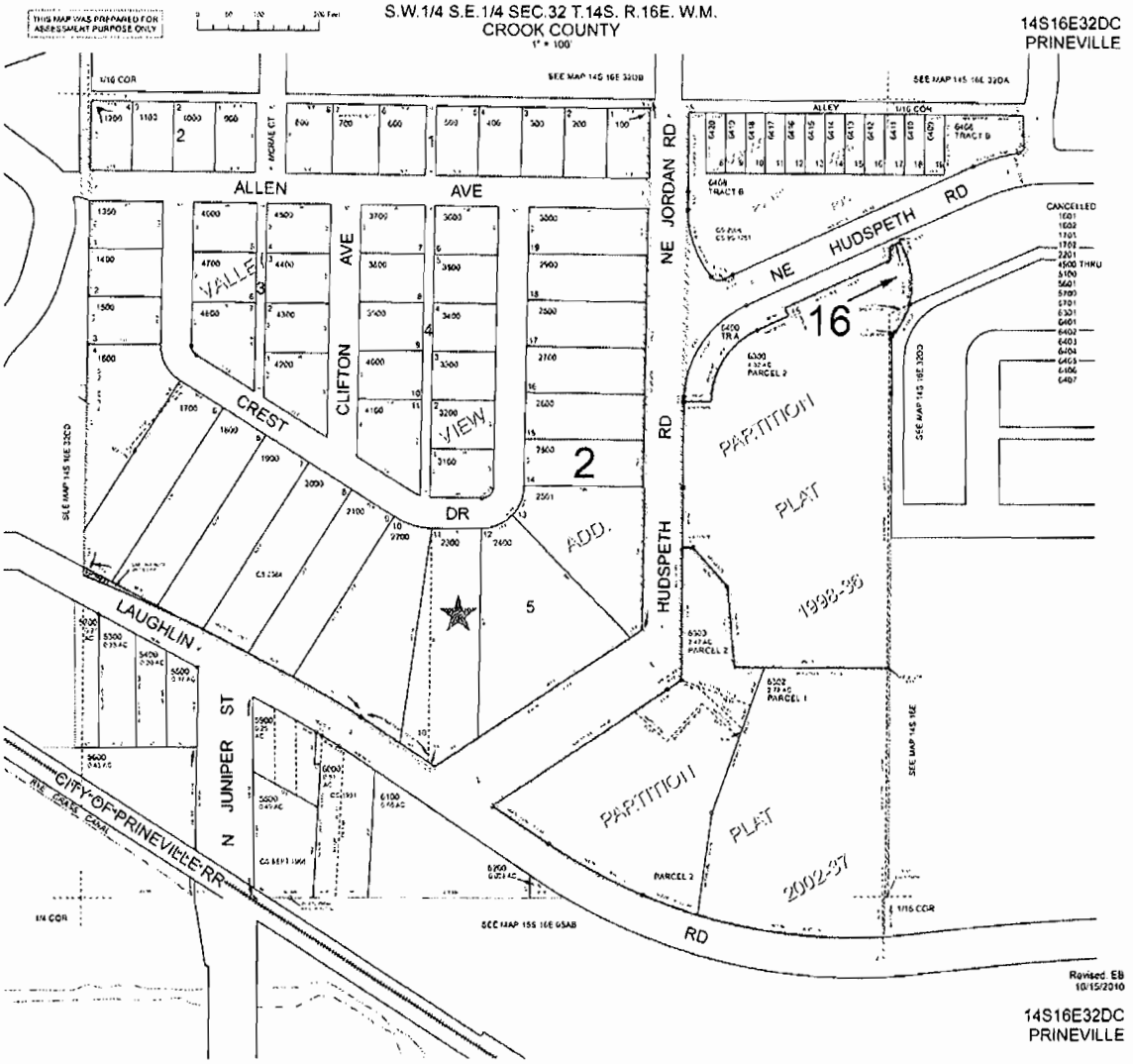
| Received Date: | Well Log Number: | Well Identification #: |
|---|---|---|
| 8-9-13 | CROO 1563 | L-112337 |

CROO 1563

N

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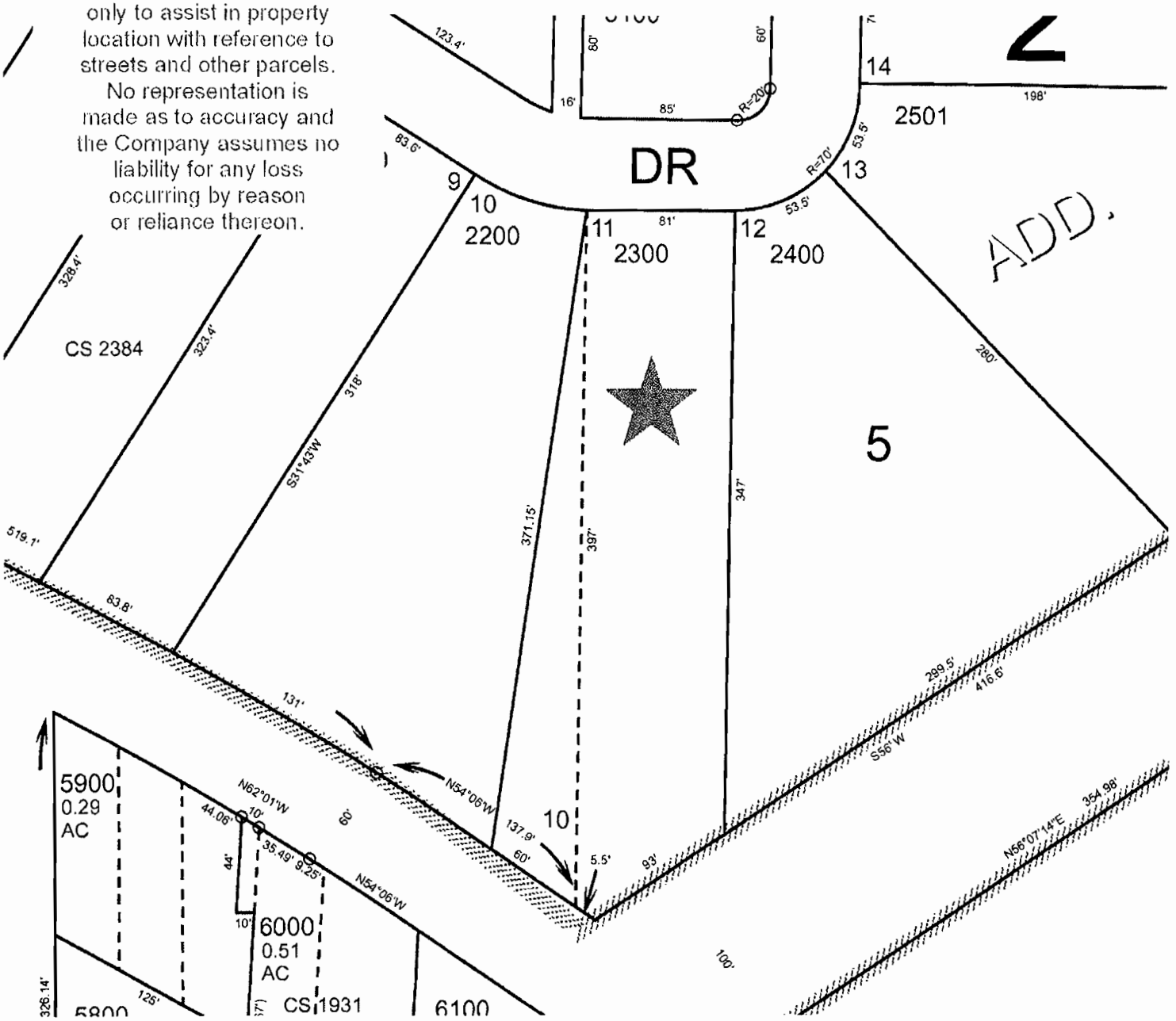
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