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WATER RESOURCES DEPT
SALEM, OREGON

CR00 2091

15S/16E/5dd

STATE OF OREGON

WATER WELL REPORT
(as required by ORS 537.765)

(START CARD) # _____

(1) OWNER:
Name GARY GHolson
Address 1601 LYNN Blvd
City PRINEVILLE State OR Zip 97754
Well Number _____

(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 40 ft.
Explosives used Yes ☐ No ☐ Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	0	18	Cement	-3	18	7 SACKS
6	18	40				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other POURED THRU TREMIC PIPE
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:	6"	+1	40	.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
						☐	☐
20	40	1/8	50	6"		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
35	10'		2 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 15S N or S, Range 16E E or W, WM.
Section 5 SE ¼ SE ¼
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1601 LYNN Blvd

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 7-30-88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 17'

From	To	Estimated Flow Rate	SWL
17	40	40 gpm	17'

(12) WELL LOG:
Ground elevation 2850

Material	From	To	SWL
Top Soil	0	4	
GRAVEL	4	7	
BROWN CLAY	7	17	12'
W/B SAND	17	40	12'

Date started 7-30-88 Completed 7-30-88

(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 741
Signed Carl Hansen Date _____

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 3/88