STATE OF OREGON

# WATER WELL REPORT

(as required by ORS 537.765)

CROO 2095

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DEC 13 1988

WATER RESOURCES DEPT.
SALEM, OREGON

15S/16E/5CA

(START CARD) # 3166

## (1) OWNER:

Well Number: 20 W

Name Betty L Fitzpatrick

Address 215 S.E. 102nd. # 201

City Portland State Or Zip 97246

## (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 30 ft.

Explosives used Yes ☐ No ☒ Type — Amount —

| HOLE Diameter | From | To | SEAL Material | From | To | Amount sacks or pounds |
|---|---|---|---|---|---|---|
| 10 | 0 | 18 | Cement | 0 | 18 | 4 sacks |
| 6 | 18 | 30 | — | — | — | — |

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

☒ Other Tramie 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 | 30 | .250 | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Final location of shoe(s) NONE

## (7) PERFORATIONS/SCREENS:

☒ Perforations Method Cutting torch

☐ Screens Type — Material —

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 20 | 30 | 1/16x6 | 40 | | | ☒ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 10 | 5 | | 1 hr. |
| 10 | 5 | | 4 Hr. |

Temperature of water 56 Depth Artesian Flow Found NONE

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: NONE

## (9) LOCATION OF WELL by legal description:

County Crook Latitude — Longitude —

Township 15 N or S Range 16 E or W, WM.

Section 5 NE ¼ SW ¼

Tax Lot 101-140 Lot — Block — Subdivision —

Street Address of Well (or nearest address) 664 S. Farnsworth

Prineville Or 97754

## (10) STATIC WATER LEVEL:

10 ft. below land surface. Date 12-11-88

Artesian pressure NONE lb. per square inch. Date —

## (11) WATER BEARING ZONES:

Depth at which water was first found 20 ft

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 20 | 30 | 30 GPM | 10 |
| | | | |
| | | | |
| | | | |

## (12) WELL LOG:

Ground elevation —

| Material | From | To | SWL |
|---|---|---|---|
| Top Soil | 0 | 1 | |
| Brown Clay & gravel | 1 | 20 | |
| Gravel and sand (Water bearing) | 20 | 30 | |

Date started 12-10-88 Completed 12-11-88

**(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 4444

Signed Charlie Fox Date 10-11-88

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

(Assoc Realty)

**CROO 2095**

№ 3166

## "START CARD"
## NOTICE OF BEGINNING OF WELL CONSTRUCTION
**(as required by ORS 537.762)**

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address: Betty L. Fitzpatrick
215 S.E. 102nd #201
Portland, Or. 97216

Proposed Commencement Date 12-10-88

Proposed Well Depth 30ft, Diameter 6"

and Use:

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

Proposed Well Location: County Crook

Township 15 (N or S) Range 16 (E or W) Section 5

At least 2 of these must be provided:

1. NE 1/4 of SW 1/4 of above section
2. street address of well location 664 S. Fairview Prineville, Or 97754
3. tax lot number of well location 15-16-5C TAX Lot 101-140
4. attach approved map with location identified. (see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

x B. Fitzpatrick
Owner's Signature

Owner
Title

12-7-88
Date

x Archie Fox
Bonded Water Well Constructor

License No. 444

Company Archie Fox Well Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

Form 537.762 1987

RECEIVED
DATE 12 12-88
WATER MASTER DISTRICT #11
BY

CROO 2095

CROO 2095

*For Official Use Only:*

| Received Date: | County Well Log ID # | Well Identification Tag # |
|---|---|---|
| | Croo 2095 | L-60355 |

L-60355

# WELL IDENTIFICATION APPLICATION FORM

**BUYER/CURRENT WELL OWNER:**

Name: Elaine O. Thompson

Mailing Address: 7811 SW Alder

City: Portland State: Or Zip: 97223 Phone: (503) 293-8969

***NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.***

**WELL LOCATION:**

County: Crook Owner's Well Number (1st or 2nd well on property, etc) _____

Township: 15 N *or* (S) Range: 16 (E) *or* W, Section: 5C, ____ 1/4 ____ 1/4

Tax Lot Number: 101 Type of Well: water supply _____ monitoring _____

Address of Well (if different from above): 664 SE Fairview St. Prineville
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: _____ No: ✓

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

(***Optional***): Latitude _____ Longitude _____ (May sometimes be obtained from Well Log Report)

**WELL INFORMATION: (do not complete remainder of application if drillers well report is attached)**

*See "Dear Landowner" letter for instructions in completing this portion of the application, or contact the Well Identification Program at (503) 378-8455, extension 260.*

Start Card Number: _____ Approx. Well Construction Date: _____

Well Constructor: _____

Name of Land Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

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WATER RESOURCES DEPT.
SALEM, OREGON

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department
158 12th Street NE - Salem, OR 97301-4172

**PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED** REVISED: 10/9/2001