

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.165)

RECEIVED

MAY 18 1987

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JUL 14 1987

15-16E-2L
Per WWC-T.R. & S.

(1) OWNER:

Name Elton Taylor

Address H.C. 4400

City Prineville

Owner's Well Number:

WATER RESOURCES DEPT.
SALEM, OREGON

State Oreg.

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:

Depth of Completed Well 350' ft.

Special Standards date of approval

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
2"	0 21'	Benton.	0 21'	17 sacks	
8"	21 350'				

How was seal placed? Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured Down

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	21	.264	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐

location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method n/a
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing
Yield gal/min 8 Pumping level 348' Drill stem at 348' Time 1 hr
8

Temperature of water 53* Depth Artesian Flow Found _____

Was a water analysis done? ☐ Yes By whom no

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other no

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

SALEM, OREGON

County Crook Latitude _____ Longitude _____

Township 16S N or S, Range 26E E or W, WM.

Section 15 1/4 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) same as #1

(10) STATIC WATER LEVEL:

28' ft. below land surface. Date 5-13-87

Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG:

Ground elevation unknown

Material	From	To	WB?	SWL
Sand/Boulders	0	14		
Tan Conglomerate	14	25		
Grey Clay/sm. water	25	59		28
Brown Shale	59	61		
Grey Shale	61	66		
Brown Shale	66	69		
Grey Shale	69	85		
Brown Shale	85	92		
Grey Shale	92	104		
Brown Shale	104	115		
Grey Shale	115	126		
Brown Shale	126	134		
Grey Shale	134	162		
Brown Shale/sm. water	162	248	170'	
1 sm. water			248'	28
Grey/Blue Clay	248	308		
Brown Shale	308	314		
Blue Clay	314	350		

Date started 5-8-87

Completed 5-13-87

(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 [Signature] Date 5-14-87

(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 [Signature] Date 5-14-87

Company ORVAIL BUCKNER WELL DRILLING, INC.