

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

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260

(1) OWNER:

Name Mark Stafford Well Number: 0139
Address RT 2 - Box 8773
City Prineville State Or. 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 510 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	30	Cement	0	3	12 sacks
10"	30	350				
8"	350	510				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	10"	+1	125	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method Cutting tool
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	40	1/8x6	100			<input checked="" type="checkbox"/>	<input type="checkbox"/>
105	125	1/8x6	200			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
650	170		10 hr. 5'

Temperature of water 60 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 Grook Latitude _____ Longitude _____
Township 15 N of S Range 16 E of W. WM.
Section 9 S.E. 1/4 SE 1/4
Tax Lot 802 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) A.C. 78 - Box 4400 - Prineville, Or. 97754

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 3-5-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL
35	45	50	35
100	120	100	35
300	350	500	35

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	5	
Brown Clay + Boulder	5	10	
Brown Clay	10	35	
Gravel	35	45	35
Brown Clay	45	100	35
Gravel	100	120	35
Brown Clay	120	150	35
Gray Clay	150	300	35
Gray Clay Stone	300	350	35
Green Clay	350	410	35
Blue Clay	410	485	35
Gray Clay	485	510	35

Date started 2-5-91 Completed 3-5-91

(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 444
Signed Orchie Top Date 3-5-91