

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

6800 **RECEIVED**

165/17E/33ca
3300

SEP 15 1989 (START CARD) #

2701

(1) OWNER:

Name: Jasper Knolls Water District Well Number: 0082
Address: 217 Ridge Rd.
City: Prineville State: OR Zip: 97759

(9) LOCATION OF WELL by legal description:

County: DESS Latitude: _____ Longitude: _____
Township: 16 North Range: 17 East or W, WM.
Section: 33 N.E. 1/4 S.W. 1/4
Tax Lot: 6701 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address): North half of Lot 26-Block 2-Jasper Knolls, Sub.

(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: 321 ft.
Explosives used Yes No Type: _____ Amount: _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
		<u>Already sealed</u>		
	<u>5.5 250 320</u>			

How was seal placed: Method A B C D E
 Other Already sealed

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>5.0</u>	<u>250</u>	<u>186</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method: Cutting Torch
 Screens Type: _____ Material: _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>220</u>	<u>320</u>	<u>1/8 x 6</u>	<u>200</u>			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>10 GPM</u>	<u>20'</u>		<u>1 hr.</u>

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: _____

(10) STATIC WATER LEVEL:

210 ft. below land surface. Date: 9/10/89
Artesian pressure _____ lb. per square inch. Date: 9/10/89

(11) WATER BEARING ZONES:

Depth at which water was first found: 210'

From	To	Estimated Flow Rate	SWL
<u>210</u>	<u>250</u>	<u>10 GPM</u>	<u>210</u>

(12) WELL LOG:

Material	From	To	SWL
<u>Blue clay</u>	<u>230</u>	<u>321</u>	<u>210</u>

Date started: 9/11/89 Completed: 9/10/89

(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: Archie Fox Date: 9/13/89

No 3300
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SEP - 7 1989

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

WATER RESOURCES DEPT.
SALEM, OREGON

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 Jasper Knolls W/D
317 Ridge Rd.
Prineville Or. 97754

Proposed Commencement Date 9-5-89

Proposed Well Depth 350, Diameter 6"

and Use:

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

Proposed Well Location: County _____

Township 16 ~~W~~ or S Range 17 (E or ~~W~~) Section 33

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 NORTH half of lot 26 Block 2
Jasper Knolls Sub.
3. tax lot number of well location 6701
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 Clyde Beck
Owner's Signature

x Archie Fox
Bonded Water Well Constructor

BOARD of DIRECTOR
Title
9-1-89
Date

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.

RECEIVED
DATE 9-5-89
WATER MASTER DISTRICT #11
BY SMS WD#11
postmarked 9-1-89