

#11

CP00 288

13S/19E/3
28931

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

(START CARD) # 28931

(1) OWNER: Well Number: 583
Name MT Bachelor Educational Center
Address 46300 Hwy 26
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 900 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
15	0	28	CEMENT	0	28	21

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing/Liner	Diameter	From	To	Gauge	Type			
					Steel	Plastic	Welded	Threaded
Casing:	10	12	29	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	8	1 1/2	400	1 3/8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 150 Drawdown 500' Drill stem at 900 Time 1 hr.

Temperature of water 68 Depth Artesian Flow Found 870
Was a water analysis done? Yes No 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 CLATSOP Latitude _____ Longitude _____
Township 13S N or S. Range 19E E or W. WM. _____
Section 3 SWSE 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 46300 Hwy 26

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure 0 lb. per square inch. Date 7-10-91

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

From	To	Estimated Flow Rate	SWL
870	890	150	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Yellow Brown Clay	1	10	
Gray Clay Stone	10	83	
Red Brown Clay Stone	83	132	
Hard gray Clay Stone	132	160	
Gray Clay Stone	160	191	
Brown Clay Stone	191	310	
gray Clay Stone	310	350	
Hard gray Clay Stone	350	900	

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JUL 24 1991
WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-1-91 Completed 7-10-91

(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.
Signed _____ WWC Number _____
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.
Signed Darrell Maphis WWC Number 584
Date 7-16-91