

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

*CR00
295*

135/16E/33 bd

(START CARD) # 23177

(1) OWNER: Well Number: 574
 Name: J. B. Cox
 Address: 307109 McKay Road
 City: Prineville State: Oregon 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 400 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	84	Bentonite	0	25	22
8	84	600	Cement	25	84	40

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 _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	+1 1/2	84	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	-6	400	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
300	400	3x1/8	1520	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 200 Drawdown Complete Drill stem at 400 Time 1 hr.

Temperature of water 57° 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 Crook Latitude _____ Longitude _____
 Township 13 N or S. Range 16 E or W. WM.
 Section 33 SE 1/4 NW 1/4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 307109 Mc Kay Rd

(10) STATIC WATER LEVEL:
75 ft. below land surface. Date 5-4-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 189

From	To	Estimated Flow Rate	SWL
189	400	200	75

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Gravel & Clay	1	79	
Grey Rock	79	118	
Red Rock	118	150	
Blue-Grey Rock	150	290	75
Red Rock	290	301	
Black Rock	301	369	
Red Rock	369	450	
Grey Rock with Quartz Seams	450	491	
Hard Black Rock	491	531	
Red Rock	531	568	
Black Rock	568	600	

RECEIVED

JUL 24 1991

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 4-13-91 Completed 5-4-91

(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 5/22/91