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WATER RESOURCES DEPT
SALEM, OREGON

Crook 2998

155/16E/4dd

(START CARD) # 63983

STATE OF OREGON WATER WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number # 1

Name Bill Rich

Address 2415 Melrose Dr.

City Prineville State Or. Zip 97754

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger

[ ] Other

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 52 ft.

Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	20	bentonite	0	20	14 sacks
6"	20	50				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[ ] Other poured dry

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:	6"	+1	52	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) -0-

(7) PERFORATIONS/SCREENS:

[X] Perforations Method #### factory

[ ] Screens Type _____ Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	50	1/8	200	6"		[X]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25	10	-0-	1 hr.

Temperature of water 56 Depth Artesian Flow Found -0-

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 15 S N or S Range 16 E E or W. WM.

Section 4 SE 1/4 NW 1/4

Tax Lot 1101 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 2414 Melrose Rd Prineville, Or 97754

(10) STATIC WATER LEVEL:

16' ft. below land surface. Date 3-9-94

Artesian pressure -0- lb. per square inch. Date -0-

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22	50	25 gpm	16

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
top soil	0	6	
tan clay	6	22	
med. sand w/b	22	48	16
black silty clay	48	60	

Date started 3-9-94 Completed 3-9-94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____

Signed — 0 — 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 741

Signed Curt Clemens Date 3-11-94

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER