

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

CROO 3016

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MAY 23 1994

14s/16E/26cb
54076

(START CARD) #

(1) OWNER:

Well Number 0229
Name K.J. Development partnership (Kathleen & Kathy Osofall)
Address 701 S. Fairview
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 980 ft.
Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From		To	Material	SEAL From		To	Amount sacks or pounds
	From	To			From	To		
12	0	130	Cement	0	130	75 sacks		
8	130	600						
6	600	980						

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	71	130	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	71	600	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method NO
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>NONE</u>							

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35	200		4 1/2 hr.

Temperature of Water 80 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 NITRATE

Depth of strata: 70 470'

(9) LOCATION OF WELL by legal description:

County Crook Latitude _____ Longitude _____
Township 14 N or S Range 16 E or W, WM.
Section 26 N.W. 1/4 S.W. 1/4
Tax Lot 210 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Prine Meadows Subdivision
No Address Ass 9000
Prine Meadows Subdivision & Prine Valley Drive

(10) STATIC WATER LEVEL:

179 ft. below land surface. Date 5-20-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 960

From	To	Estimated Flow Rate	SWL
960	980	60 GPM	179

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
TOP Soil	0	5	
Brown Clay	5	50	
Sand water bearing (Nitrate)	50	110	
Green Clay Stone	110	470	
Gray Clay Stone	470	960	
Broken Clay Stone	960	980	

Date started 4-20-94 Completed 5-19-94

(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 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 Archie Fox WWC Number 444
Date 9-20-94