CR00 3039

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WATER RESOURCES DEPT.
SALEM, OREGON

15S/16E/5cb
(START CARD) # 65140

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 0294
Name Kenneth Hagen
Address 691 S. Dunham
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 35 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	8 sacks
6"	20	35	—			—

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other Tremie Pipe
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	35	.250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:
[X] Perforations Method cutting torch
[ ] Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
23	35	1/16x6	72	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
40	5'		1 hr.

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: —

(9) LOCATION OF WELL by legal description:
County Crook Latitude ____ Longitude ____
Township 15 N of S Range 16 E or W. WM.
Section 5 NW 1/4 SW 1/4
Tax Lot 6600 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 691 S. Dunham Prineville Or. 97754

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 7/17/94
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 25'

From	To	Estimated Flow Rate	SWL
25	35	40 gpm	10'

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Topsoil	0	1	
Tan Sandy Clay	1	25	
Gravel	25	35	10'

Date started 7/17/94 Completed 7/17/94

(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.
Signed [signature] WWC Number 1612
Date 7/17/94

(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.
Signed [signature] WWC Number 444
Date 7/17/94

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