

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

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AUG 19 1994

(START CARD) #

155/16E/466
54087

Crook
3060

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

(1) OWNER:

Name W.H. McPherson Family Inc Well Number 0293
Address 1130 Combs Flat Rd
City Prineville State OR Zip 97154

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 39 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	25	CEMENT	0	25	10
6"	25	39				

How was seal placed: Method A B C D E
 Other Pumped w/ 1" TRIMMIE
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"	21	39	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method CUTTING TOOL
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	38	1/16	70	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
15			<input type="checkbox"/>	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 or S Range 16 E or W. WM.
Section 40 N.W. 1/4 N.W. 1/4
Tax Lot 7204 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1130 Combs Flat Rd. Prineville, Or. 97154

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date 7/28/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 26'

From	To	Estimated Flow Rate	SWL
26'	39'	15 GPM	20

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	26	20
COARSE SAND + MED GRAVEL	26	39	NIS

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SEP 28 1994
WAI

Date started 7/27/94 Completed 7/28/94
(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 Bill Crips WWC Number 1555 Date 7/28/94

(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 Bill Crips WWC Number 1555 Date 7/28/94