

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

CROOK
333

NOV 22 1991

145/16E-27
 (START CARD) # **28932**

WATER RESOURCES DEPT.

(1) OWNER:

Name **SUNSET VIEW DOMESTIC WATER ASSOCIATION**
 Address **203539 SUNRISE TRAIL**
 City **PRINEVILLE** State **ORE** Zip **97750**

Well Number: **584** LOCATION OF WELL by legal description:

County **CROOK** Latitude _____ Longitude _____
 Township **14S** N or S. Range **16E** E or W. WM.
 Section **27** 1/4 _____ 1/4 _____
 Tax Lot _____ Lot **18** Block **4** Subdivision **SUNRISE ACRES**
 Street Address of Well (or nearest address) _____

(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 **940** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	75 1/2	CEMENT	0	75 1/2	37
8	75 1/2	940				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	8	+2	75 1/2	.250	<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 sheets: _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35	UNKNOWN	940	1 hr.

Temperature of water **72°** 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: _____

(10) STATIC WATER LEVEL:

134 ft. below land surface. Date **7-23-91**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **900**

From	To	Estimated Flow Rate	SWL
900	940	35	134

(12) WELL LOG:

Material	From	To	SWL
SANDY TOP SOIL	0	1	
BROWN SANDSTONE	1	56	
FRACTURED GREEN ROCK	56	61	
HARD GREEN-BLUE ROCK	61	94	
BROWN-GREEN ROCK	94	176	
RED-BROWN WITH GREEN	176	184	
GREEN ROCK	184	207	
BLUE-GREEN ROCK	207	229	
GREEN ROCK	229	243	
BLUE-GREEN ROCK	243	760	
LITE GREEN ROCK	760	805	
GREY ROCK	805	940	

Date started **7-17-91** Completed **7-23-91**

(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.

WWC Number _____
 Signed _____ 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.

WWC Number **584**
 Signed *Larry Mayhew* Date **7-23-91**