

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

CROOK
336

DEC 31 1991

17S/22E/22aa

(START CARD) # **34389** #1

(1) OWNER: Well Number: **599**
 Name **SEVERENCE RANCHES INC.**
 Address **205733 JOHNSON CREEK RD**
 City **PRINEVILLE** State **ORE** 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 **90** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0 84	CEMENT	0 30	35
12"	84 90			

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	12"	+2	84	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 shoets) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **FACTORY**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
64	84	3x1/8	900	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
700	UNKNOWN	90	1 hr.

Temperature of water **64°** 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 **17S** N or S. Range **22E** E or W. WM. _____
 Section **22** NE NE NE NE NE NE NE NE
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **POST/PAULINA #1**

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date **12-26-91**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **68'**

From	To	Estimated Flow Rate	SWL
68'	84'	700 GPM	18

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
Boulders & Clay	1	14	
Yellow Claystone	14	15	
Brown Clay	15	18	
Grey Claystone	18	68	
Gravel (Coarse)	68	84	
Hard Grey Basalt	84	90	

Date started **12-5-91** Completed **12-26-91**

(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 *Danny M. [Signature]* Date **12-28-91**