

Amended 11-7-96

CROOK
386

MAY 12 1992

17S/17E/5ad
NE NW

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

WATER RESOURCES DEPT.

(START CARD) # 40736

(1) OWNER:

Name PRINEVILLE RESERVOIR STATE PARK
Address 916777 PARKLAND DR.
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 461 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	52	CEMENT	0	52	29
8	52	460				
6	460	461				

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	6"	+2	460	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 shoes: _____

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
180	220	1/4x3	446	6		<input checked="" type="checkbox"/>	<input type="checkbox"/>
400	440	1/8x3	446	6		<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
20	COMPLETE	460	1 hr.

Temperature of water 58 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 17XS N or S. Range 17E E or W. WM.
Section 5 SE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

81 ft. below land surface. Date 4-6-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 149

From	To	Estimated Flow Rate	SWL
149	150	8	81
379	389	12	81

(12) WELL LOG:

Material	From	To	SWL
YELLOW CLAY & BOULDERS	0	48	
RED CLAYSTONE	48	68	
BROWN ROCK	68	105	
BROWN ROCK WITH RED CLAY SEAMS		149	
HARD GREY ROCK	149	196	
SOFTER GREY ROCK WITH CLAY SEAMS		206	
HARD GREY BASALT	206	238	
GREY CLAY	238	251	
HARD GREY ROCK	251	269	
RED CLAY	269	324	
HARD BROWN ROCK	324	379	
HARD GREY ROCK WITH QUARTZ SEAMS	379	461	

Date started 3-24-92 Completed 4-6-92

(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 *Dan Mapp* Date 4-6-92



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

FEB 22 2024

OWRD

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): Prineville Reservoir State Park
 Mailing Address: 91020 SE Parkland Dr
 City, State, Zip: Prineville, OR 97754
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: _____
 City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 17 S (North / South) Range: 17 E (East / West) Section: 5 NE 1/4 of the NW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 700 County Crook
 GPS Coordinates: 44.13084800 -120.72246900
 Street Address of Well, City: 19020 SE Parkland Dr
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): community campground
 Date Well Constructed (or property built): 4-6-1992 Total Well Depth: 460' Casing Diameter: 6"
 Owner at time the well was constructed (if known): OR Parks & Rec Dept Well Report # (if known): CROO 386
 Other Information: _____

SUBMITTED BY (please print): Chris Gerdes
 PHONE: 541-233-3010 EMAIL &/or FAX: chris.gerdes@opr.d.oregon.gov

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
2-22-2024

Well Report Number:
CROO 386

Well Identification #:
L-154013