

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

0100
040

AUG 13 1990

15S/16E/15
 20665

WATER RESOURCES DEPT.
 SALEM, OREGON (START CARD) # _____

(1) **OWNER:** Well Number: 0122
 Name James D. Courts
 Address H & 63 Box 1840
 City Prineville, Or. State Or. 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 330 ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount sacks or pounds |
|----------|------|-----|-------------------|------|----|---------------------------|
| Diameter | From | To | Material | From | To | |
| 10 | 0 | 18 | Cement | | | |
| 6 | 30 | 330 | Cement | 0 | 18 | 5 sacks |

How was seal placed: Method A B C D E
 Other Thamie pipe
 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 | +1 | 30 | .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 shoe(s) NONE

(7) **PERFORATIONS/SCREENS:**

Perforations Method NONE
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|-------------|----|-----------|--------|----------|----------------|--------|-------|
| <u>NONE</u> | | | | | | | |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 25 | 20' | | 1 hr. |

Temperature of water 62 Depth Artesian Flow Found 300
 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 0100 Latitude _____ Longitude _____
 Township 15 N of R Range 16 E or W, WM.
 Section 15 1/4 _____ 1/4 _____
 Tax Lot 803 Parcel # 1 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) H & 63 Box 1840
Prineville, Or. 97754

(10) **STATIC WATER LEVEL:**
100 ft. below land surface. Date 7-5-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 300

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 300 | 330 | 200 GPM | 100 |

(12) **WELL LOG:** Ground elevation _____

| Material | From | To | SWL |
|------------------|------|-----|-----|
| Top soil + rock | 0 | 10 | |
| Rock + clay | 10 | 50 | |
| Brown clay | 50 | 100 | |
| Light gray clay | 100 | 300 | |
| Block clay stone | 300 | 330 | 100 |

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 SEP 2 1990
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 6-25-90 Completed 7-5-90

(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.
 Signed _____ WWC Number _____
 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.
 Signed Archie Fox WWC Number 444
 Date 7-5-90