15S/16E 15 CA
20653

STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

Crook 047

(START CARD) # _____

(1) OWNER:

Well Number: 0129

Name Don W. Brunner

Address 775 S. Idlewood

City Prineville 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 30 ft.

Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10	0	18	Cement	0	18	4 sacks
6"	18	30				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other tremie pipe

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"	+1	30	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Cutting torch

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
18	30	1/16x6	40	6"		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20	3		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 05 NE ¼ SW ¼

Tax Lot 1400 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 775 S. Idlewood Prineville, Or. 97754

(10) STATIC WATER LEVEL:

9 ft. below land surface. Date 9/8/90

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
18	30	35	9

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	4	
Clay	4	20	
Gravel	20	30	9

RECEIVED

SEP 24 1990

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9/8/90 Completed 9/8/90

(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.

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 444

Signed Archie Fox Date 9/8/90

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