

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

CROOK
482

135/15E/34
 (START CARD) # 40742

(1) OWNER: WATER Well Number: 617
 Name OCHOCO WEST DISTRICT
 Address 9513 JORDAN AVE.
 City PRINEVILLE State ORE Zip 97784

(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 400 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	74	Cement	0	74	40
8	74	400				

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:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8	+2	74	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	+1	400	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheet(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	260	1/6x3	684	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>
320	380	"	684	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 900 Drawdown Unknown Drill stem at 400 Time 1 hr.

Temperature of water 54° 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 135 N or S. Range 15E E or W. WM.
 Section 34 1/4 _____ 1/4 _____
 Tax Lot 104 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
81 ft. below land surface. Date 5-31-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
210	220	50	80
368	380	350	80

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandy Top Soil	0	1	
Brown Sandstone with Gravel	1	52	
Brown Rock	52	170	
Gray Rock	170	349	
Black Rock	349	358	
Light Gray Rock	358	400	

RECEIVED
 OCT 28 1992
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 5-12-92 Completed 5-31-92

(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 H. Maffei Date _____