

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

CROOK
 496

14S/16E/30cc

(START CARD) # 40755

(1) **OWNER:** Well Number 628
 Name TERRACE MOBILE PLAZA
 Address 301321 TERRACE PLAZA
 City PRINEVILLE State ORE Zip 97754

(9) **LOCATION OF WELL by legal description:**
 County CROOK Latitude _____ Longitude _____
 Township 14S N or S. Range 16E E or W. WM. _____
 Section 30 SW $\frac{1}{4}$ SW $\frac{1}{4}$ _____
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

(10) **STATIC WATER LEVEL:**
59 ft. below land surface. Date 8-18-92
 Artesian pressure _____ lb. per square inch. Date _____

(3) **DRILL METHOD:**
 Rotary Air Rotary Mud Cable
 Other _____

(11) **WATER BEARING ZONES:**

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 225 ft.
 Explosives used Yes No Type _____ Amount _____

Depth at which water was first found 216

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
12	0	26	CEMENT	0	146	42 SACKS
10	26	214				
8	214	225				

From	To	Estimated Flow Rate	SWL
216	225	300 +	59

How was seal placed: Method A B C D E
 Other _____

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

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Material				Threaded
				Steel	Plastic	Welded		
Casing: 8	+2	216	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material	From	To	SWL
TOP SOIL	0	1	
BROWN SANDY CLAY	1	14	
CEMENTED GRAVEL	14	59	
BROWN SANDY GLAY	59	139	
GREY CLAY	139	216	
GRAVEL	216	225	

Final location of shoe(s) _____
 (7) **PERFORATIONS/SCREENS:**
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS:** Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 300 + Drawdown unknown Drill stem at 214 Time 1 hr.

Date started 8-13-92 Completed 8-18-92

Temperature of Water 53° 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: _____

(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 587
 Signed Daniel J. Magner Date 8-21-92