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WATER RESOURCES DEPT
SALEM, OREGON

CROO 50051 Amended Log

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # _____ (START CARD) # 75837

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number #1

Name Bob Edwards

Address 1267 E. 3rd

City Prineville State Or. Zip 97754

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger

☐ Other _____

(4) PROPOSED USE:

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation

☐ Thermal ☐ Injection ☐ Livestock ☐ 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	Sacks or pounds
10"	0	18	Hole Plug	10	18	6 SACKS
10"	0	18	Sand, Best	0	10	8 "
6"	18	30				

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

☐ Other POURED DRY

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"	+2	30	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Torch

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
20	30	1/8	75	6"		☒	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10gpm	-0-	-0-	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 15S N or S Range 16E E or W. WM.

Section 5 N.E 1/4 S.E 1/4

Tax Lot 1700 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

6' ft. below land surface. Date 10-31-95

Artesian pressure -0- lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 21'

From	To	Estimated Flow Rate	SWL
21	27	10 gpm	6

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	6	
Gravel & Clay	6	15	
Brown Clay	15	21	6'
Fine Gravel & Sand	21	27	"
Black Sandy Clay	27	30	"

Date started 10-30-95 Completed 10-31-95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number 1495

Signed Raymond Wilkins Date 3-22-96

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1495

Signed Raymond Wilkins Date 3-22-96

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER