

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

CROO
 50095

(START CARD) # 88384

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

(1) OWNER: Well Number 1
 Name CITY OF PRINEVILLE
 Address 400 EAST 3RD
 City PRINEVILLE State OR Zip 97757

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>7"</u>	<u>- 7'</u>	<u>487.188'</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NO SHOE USED

(7) PERFORATIONS/SCREENS:

Perforations Method MACHINE CUT
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>447467</u>	<u>447467</u>	<u>4x1/4</u>	<u>532</u>	<u>7</u>	<u>-</u>	<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"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of water _____ 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 15 E or W. WM.
 Section 11 NW 1/4 SE 1/4
 Tax Lot 303 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) PRINEVILLE AIRPORT

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL

RECEIVED
 JUN 18 1996
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 5-15-96 Completed 5-15-96

(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.
 Signed David D. Bartlett WWC Number 1556 Date 6-12-96

(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.
 Signed William R. ... WWC Number 1555 Date 6/13/96