

RECEIVED

WELL I.D.# 03842

CROO  
50124

AUG 29 1996

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

(START CARD) # 93020

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

(1) OWNER: Well Number \_\_\_\_\_

Name WILLIAM SIMMONS  
Address PO BOX 400  
City PRINEVILLE State OR Zip 97734

(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 118 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	118	CEMENT	0	118	66 SACKS
16"	0	55	CEMENT	0	55	66 SACKS
10"	118	148				

How was seal placed: Method  A  B  C  D  E  
 Other CEMENT  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material GRAVEL  
Gravel placed from 56 ft. to 118 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10"	±1	118	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method FACTORY  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
58	98	1/4	1040	1 5/8	10, 1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian
300+	0	110	<input type="checkbox"/>

Temperature of water 60° 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 14 N or S Range 15 E or W. WM.  
Section 36 NE 1/4 SW 1/4  
Tax Lot 4700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
5 ft. below land surface. Date 8/20/96  
Artesian pressure 0 lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 56

From	To	Estimated Flow Rate	SWL
56	112	300+ GPM	5

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
BROWN SAND	0	6	
MED GRAVELS + SANDS	6	29	
GRAY CLAY	29	38	
GRAVELS + CLAY	38	41	
GRAY CLAY	41	56	
MED GRAVEL 3/8"	56	78	5
SANDS + GRAVELS	78	112	5
TAN CLAYSTONE	112	148	

Date started 8/14/96 Completed 8/19/96

(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.  
WVC 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 water supply well construction standards. This report is true to the best of my knowledge and belief.  
WVC Number 1555  
Signed Bill C... Date 8-20-96