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WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D.# _____

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

50178

(START CARD) # 94922

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

(1) OWNER: Well Number _____
Name BOB STACY
Address 427 E 16TH ST
City PRINEVILLE State OR Zip 97754

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:
[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger
[ ] Other _____

(4) PROPOSED USE:
[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 24 ft.
Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE / SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18	BENTONITE	0	18	8 SACKS
6"	18	24				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other BENTONITE 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"	+1	24	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
[X] Perforations Method TORCH CUT
[ ] Screens Type SLOT Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
18'	22	[illegible]	32	[illegible]6"	[illegible]	[X]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
8 Gpm	12'		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 15 N or (S) Range 16 (E) or W. WM.
Section 5C NE 1/4 NW 1/4
Tax Lot 9900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 406 SE 6TH ST

(10) STATIC WATER LEVEL:
5' ft. below land surface. Date 10/19/96
Artesian pressure 0 lb. per square inch. Date 10/19/96

(11) WATER BEARING ZONES:
Depth at which water was first found 18'

From	To	Estimated Flow Rate	SWL
18	24	8 Gpm	5

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	6	
GRAY CLAY	6	18	
MED SAND & GRAVEL	18	22	5
FINE BROWN SAND	22	24	

Date started 10/19/96 Completed 10/19/96

(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.
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1555
Signed [signature] Date 10/19/96

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