

CROOK
50296

AUG - 1 1997

WELL ID # L11917

STATE OF OREGON
WATER SUPPLY WELL REPORT

WATER RESOURCES DEPT.

SALEM, OREGON (START CARD) # 87924

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

(1) OWNER:

Well Number 827

Name Nancy Barneman Gary Rassi
Address 21199 NW Spruce
City Redmond 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 500 ft.

Explosives used Yes No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	18 1/2	Bentonite	0	18 1/2	15
8"	18 1/2	500				

How was seal placed: Method A B C D E

Other poured in 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:	8"	1 1/2	19 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 _____

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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5	unknown	500	1 hr.

Temperature of water 63 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 17 E or W. WM.
Section 30 NE 1/4 NE 1/4
Tax Lot 211 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Meadow Ridge Rd

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 4/14/97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 45'

From	To	Estimated Flow Rate	SWL
40	45	5	40

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Diced Rock Black & Brown	1	5	
Hard Black Rock	5	23	
Black & Brown Diced Rock	23	45	40
Hard Black Rock	45	55	
Greenish Brown Clay Stone soft	55	62	
Soft Bluish green Clay Stone	62	110	
Hard Black Rock	110	280	
Soft Blue Green Clay Stone	280	283	
Soft Red clay	283	485	
Soft Red clay Stone	485	500	

Date started 3/28/97 Completed 4/14/97

(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 584

Signed D. Small M. M. Date 5-2-97