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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 20397
START CARD # 109980

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

(1) OWNER: Well Number 2
Name CROWN PACIFIC
Address 4411 NW ELLIOTT LANE
City PRINEVILLE State OREGON 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 275 ft.
Explosives used Yes No type - Amount -

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
16	0	275	BENTONITE	0	27	40,000 lbs

How was seal placed: Method A B C D E
 Other POURED DROWN DRY
Backfill placed from - ft. to - ft. Material GRAVEL
Gravel placed from 275 ft. to 27 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	+2	38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10	3	275	188	<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
175	275	3x 3/8	2400	10	-	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
500	-	265	1 hr.

Temperature of water 58° 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 23 NE 1/4 NW 1/4
Tax Lot 112 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 5/12/98
Artesian pressure - lb. per square inch. Date -

(11) WATER BEARING ZONES:
Depth at which water was first found 70

From	To	Estimated Flow Rate	SWL
70	160	50 GPM	28
160	245	100 GPM	28
245	265	500+GPM	28

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BROWN CLAY & GRAVEL	0	5	
TAN CLAY & GRAVEL	5	10	
COARSE SAND & GRAVEL	10	18	
BROWN SANDY CLAY	18	30	
BROWN SAND	30	70	
TAN SAND	70	160	28
BLACK SAND	160	245	28
COARSE GRAVELS	245	265	28
BLUE CLAY	265	270	

Date started 4/30/98 Completed 5/12/98

(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 _____ WWC Number _____ 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.
Signed David Sartelle WWC Number 1556 Date 5/29/98