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JUN 29 1998
WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 21993
START CARD # 115241

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

(1) OWNER: Well Number ____
Name LOIS McALPIN
Address 410 SE 6TH ST.
City PRINEVILLE 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 29 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18	BENTONITE	0	18	10 SACKS
6"	18	29				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ 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	29	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 29'

(7) PERFORATIONS/SCREENS:
☒ Perforations Method TORCH CUT SLOTS
☐ Screens Type ____ Material ____

[illegible]	[illegible]	Slot size	[illegible]	Diameter	Tele/pipe size	Casing	Liner
20	28	96	32	1/16 x 6	6" x .250	☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20+	0		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 5 SE 1/4 NW 1/4
Tax Lot 7100 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
6' ft. below land surface. Date 6/12/98
Artesian pressure 0 lb. per square inch. Date 6/12/98

(11) WATER BEARING ZONES:
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20'	25'	20+ Gpm	6

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY + GRAVELS	2	20	
BROWN SAND + FINE GRAVELS	20	26	6'
BROWN CLAY	26	29	

Date started 6/12/98 Completed 6/12/98

(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.
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 1655
Signed Bill [signature] Date 6/12/98

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