CR80
50619

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

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

WELL I.D. # L 24967
START CARD # 115244

(1) OWNER:
Well Number
Name Prineville Christian Church
Address 1015 Combs Flat Rd.
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 148 ft.
Explosives used [ ] Yes [X] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	32	BENTONITE 3/5"	0	32	14 SACKS

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	148	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	—	—	—	—	[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) 148'

(7) PERFORATIONS/SCREENS:
[X] Perforations Method FACTORY SLOT
[ ] Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
143	148	1/8	620	6"	6" x .250	[X]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25 Gpm	68'	—	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 15 N or (S) Range 16 (E) or W. WM.
Section 30 SE 1/4 NE 1/4
Tax Lot 3100 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 1015 Combs Flat.

(10) STATIC WATER LEVEL:
24 ft. below land surface. Date 7/19/98
Artesian pressure 0 lb. per square inch. Date 7/19/98

(11) WATER BEARING ZONES:
Depth at which water was first found 142'

From	To	Estimated Flow Rate	SWL
142	148	25 Gpm	24'

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
BROWN CLAY	0	21	
BROWN SAND	21	24	
GRAY SANDY CLAY	24	138	
BLACK SAND	138	142	
BLACK SAND & MED GRAVELS / MULTI COLORED	142	148	24'

RECEIVED
JUL 27 1998
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7/17/98 Completed 7/19/98

(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 1555
Signed Bill [illegible] Date 7/21/98

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