

C800
50629

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 837.765)

(START CARD) # 21306

(1) OWNER: Well Number: 545
Name: MT Bachelor Educational Center
Address: 46300 E Highway 26
City: Prineville State: Ore. Zip: 97754

(2) TYPE OF WORK:
 New Well Deepen Remediation Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 270 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Amount sacks or pounds
12"	0	28	Cement	0	28	20

How was seal placed: Method A B C D E
 Other _____
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"	+2	28	1/4"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-10	270	189	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	270	1/2x3/16	1200	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 10 Drawdown _____ Drill stem at 260 Time 1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Sully Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Crook Latitude _____ Longitude _____
Township 13 N or S Range 19 or W, WM.
Section 3 SE 1/4 SE 1/4
Twp Loc _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 7-17-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 7

From	To	Estimated Flow Rate	SWL
40	41	5	10
240	270	5	10

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Red clay	1	10	
Red Rock	10	45	10
Gray Rock	45	50	
Gray clay	50	127	
Hard Black Rock Darcy	127	270	10

RECEIVED

AUG 03 1990

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7-28-90 Completed 7-30-90

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ Date _____ WWC Number _____

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Daniel Maffei WWC Number 584
Date 7-30-90