Cr00
50632

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

(START CARD) # 23171

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

**(1) OWNER:** Well Number 568
Name Don Gill
Address 455 Zombs Flat Rd.
City Prineville State Ore. 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 40 ft.
Explosives used ☐ Yes ☑ No Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Sacks or pounds |
|---|---|---|---|---|---|---|
| 10 | 0 | 40 | Bentonite | 0 | 18 | 15 |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured in Dry
Backfill placed from ft. to ft. Material
Gravel placed from 18 ft. to 40 ft. Size of gravel 3/8

**(6) CASING/LINER:**

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| Casing: | 6 | +15 | 40 | .250 | ☑ | ☐ | ☑ | ☐ |
| Liner: | | | | | | | | |

Final location of shoe(s)

**(7) PERFORATIONS/SCREENS:**
☑ Perforations Method Torch
☐ Screens Type Material

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 20 | 40 | 6x16 | 160 | 6 | | ☑ | ☐ |

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

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 40 | 10 | | 1 hr. |

Temperature of water 53 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 Clark Latitude Longitude
Township 15 N or S Range 16 E or W. WM.
Section 5 SE 1/4 SE 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address) Zombs Flat Rd.

**(10) STATIC WATER LEVEL:**
18 ft. below land surface. Date 3-4-91
Artesian pressure lb. per square inch. Date

**(11) WATER BEARING ZONES:**
Depth at which water was first found 28

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 28 | 40 | 40 | 18 |

**(12) WELL LOG:**
Ground Elevation

| Material | From | To | SWL |
|---|---|---|---|
| Sandy Top Soil | 0 | 1 | |
| Sandy Brown Clay | 1 | 28 | 18 |
| Sand & Gravel | 28 | 40 | |

RECEIVED
AUG 03 1998
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-1-91 Completed 3-4-91

**(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 554
Signed Daniel Mapes Date 3-26-91