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50793

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

WELL I.D. # L 25240
START CARD # 115608

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

(1) OWNER: Well Number _____
Name Prineville Lake Resort
Address 1300 PLR
City Prineville State OR Zip 97259

(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 270 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
			<u>EXISTING</u>			
<u>8 in</u>	<u>180</u>	<u>290</u>				

How was seal placed: Method A B C D E
 Other EXISTING

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4 in</u>	<u>-5</u>	<u>270</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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(7) PERFORATIONS/SCREENS:

Perforations Method Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>90</u>	<u>270</u>	<u>1/8</u>	<u>600</u>	<u>4 in</u>		<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
<u>7</u>	<u>Comp</u>	<u>260</u>	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian

Temperature of water 52 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 16 S N or S Range 17 E E or W. WM.
Section 4 SE 1/4 NE 1/4
Tax Lot BOR Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1300 PLR
Prineville OR

(10) STATIC WATER LEVEL:
40 ft. below land surface. Date 11-20-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 40' EXISTING

From	To	Estimated Flow Rate	SWL
<u>40</u>	<u>180</u>	<u>7 gpm</u>	<u>40</u>

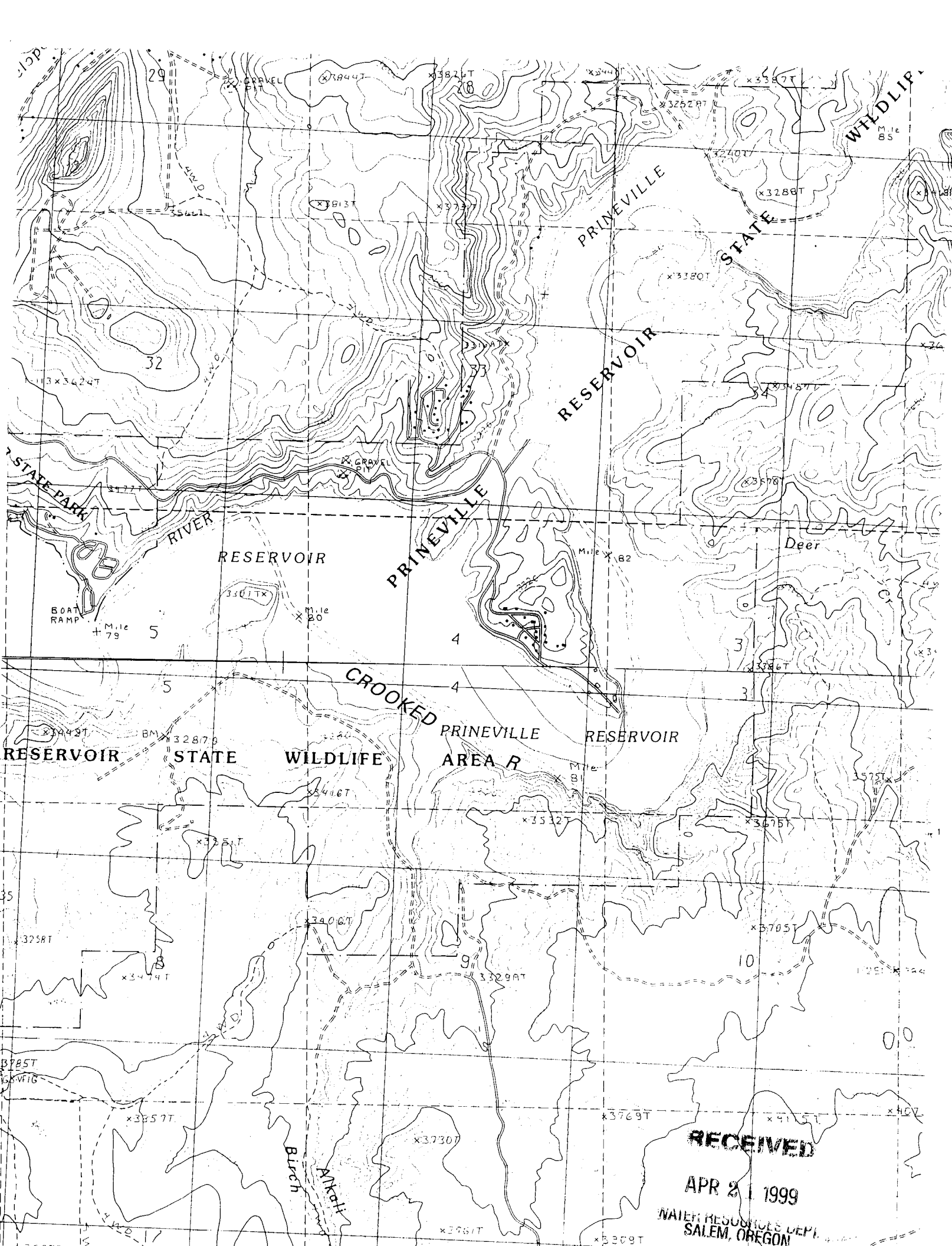
(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Grey Claystone</u>	<u>180</u>	<u>270</u>	<u>40</u>
<u>FRact Grey Claystone</u>	<u>270</u>	<u>290</u>	<u>40</u>
RECEIVED			
APR 21 1999			
WATER RESOURCES DEPT. SALEM, OREGON			
RECEIVED			
NOV 27 1998			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 11-18-98 Completed 11-20-98

(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 Daniel N Davis WWC Number 1677 Date 11-20-98



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APR 21 1999

WATER RESOURCES DEPT.
SALEM, OREGON

