

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

CROOK
51014

JUL 23 1999

WELL I.D. # L 32803
START CARD # 121725

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER: Well Number _____
Name Orc. State Parks & Rec.
Address 398 N. Fairview
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 108 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	25	CEM	0	25	?
8	25	84				
6	84	108				

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	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	+2	84	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 1/2	+2	108	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 1/2	+2	98	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
44	84			6	Stainless	<input checked="" type="checkbox"/>	<input type="checkbox"/>
98	108	#6		5 1/2		<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 100+ Drawdown 0 Drill stem at 105 Time 2 Hrs.

Temperature of water 69 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 14 N or S Range 17 E or W. WM.
Section 33CC SW 1/4 SW 1/4
Tax Lot 900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Hwy 26
Prineville, Ore. 97754

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date 7-20-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 29

From	To	Estimated Flow Rate	SWL
29	108	100+	29

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Well was already 108 Deep.</u>			
<u>I cleaned out with Air</u>			
<u>For 2 Hrs. Then set 10'</u>			
<u>of stainless well screens.</u>			
<u>From 98' to 108'</u>			

RECEIVED

SEP 01 1999

WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-20-99 Completed 7-20-99

(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 Doug Helm WWC Number 1255 Date 7-20-99