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WATER RESOURCES DEPT.
SALEM, OREGON

CROO - 51196

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 31991

START CARD # 126026

(1) OWNER: Well Number 944

Name Ochoco Lumber Comp

Address PO Box 1668

City Prineville State OR 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 250 ft.

Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12"	0	223	Bentonite	0	5	4
			Cement	5	90	48
8"	223	250				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other Poured Bentonite in 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:	8"	+1'	238½	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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
228½	238½	3X⅛	152	8"		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
100	40	140	24 hr

Temperature of water 68° 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 4B SW 1/4 NW 1/4

Tax Lot 7200 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) ____

Combs Flat Rd

(10) STATIC WATER LEVEL:

55 ft. below land surface. Date 10/25/99

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 223

From	To	Estimated Flow Rate	SWL
223	245	100+	55

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Gravel	0	2	
Brown Clay Stone Hard	2	5	
Gravel	5	25	
Seal IT	25	84	55
~~Gravel~~ Hard Blue Clay Stone	84	223	
Gravel	223	245	
Soft IT Blue clay	245	250	

Date started 10/12/99 Completed 10/25/99

(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 David A Schlichting WWC Number 1583

Date 11/1/99

(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 584

Signed [signature] Date 11-1-99

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER