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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 38130
START CARD # 129339

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

(1) OWNER: Well Number _____
Name Herb Gray
Address 4853 N.E. Elliott
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 300 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
		<u>Already Grouted</u>		

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: <u>8</u>	<u>+1</u>	<u>250</u>	<u>250</u>	<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	Tele/pipe size	Casing	Liner
<u>200</u>	<u>240</u>	<u>1/2</u>	<u>1960</u>	<u>8</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Method HOLT Air Perforator
Screens Type _____ Material _____

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>80+</u>	<u>0</u>	<u>297</u>	<u>1 hr</u>

Pump Bailer Air Flowing Artesian

Temperature of water 66° 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 15 E or W. WM.
Section 16 NW 1/4 SE 1/4
Tax Lot 400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) RT 3 Box 570
Prineville, Ore

(10) STATIC WATER LEVEL:
26 ft. below land surface. Date 3-24-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 26

From	To	Estimated Flow Rate	SWL
<u>220</u>	<u>300</u>	<u>80+</u>	<u>26</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>W.B. Brown Clay & Gravel</u>	<u>250</u>	<u>263</u>	<u>26</u>
<u>W.B. Brown Clay Stone</u>	<u>263</u>	<u>300</u>	

Date started 3-24-00 Completed 3-24-00

(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 Helper Jeff Randall WWC Number _____ Date 3-24-00

(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 Allen WWC Number 1255 Date 3-24-00