

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

WELL I.D. # L 46156
 START CARD # 136317

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

(1) **LAND OWNER** Well Number 1017
 Name Tracie Smith
 Address 13927 Deringer Ln
 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 500 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	2 1/2	Bentonite	0	18 1/2	14
8"	18 1/2	500				

How was seal placed: Method A B C D E
 Other Poured 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"	4 1/2	23 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>N/A</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Tele/pipe Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
17	unknown	500	1 hr.

Pump Bailer Air Flowing Artesian

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 16 N or S Range 17 E or W. WM.
 Section 20B SW 1/4 NW 1/4
 Tax Lot 2400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Prineville Res. Rd

(10) **STATIC WATER LEVEL:**
130 ft. below land surface. Date 5/7/01
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
130	500	17	130

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

Material	From	To	SWL
Top Soil	0	2	
Hard Brown sandy gravel	2	17	
Hard Blue & green clay stone	17	130	130
Hard Grey & Green claystone	130	500	

RECEIVED

JUL 13 2001

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 5/2/01 Completed 5/7/01

(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 5/15/01

(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 David M. [Signature] WWC Number 589 Date 5-18-01