CROO 517

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JAN 0 6 1993
WATER RESOURCES DEPT.
SALEM, OREGON

15S/16E/5 2dd

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

(START CARD) # 46382

## (1) OWNER:
Well Number # 1
Name Albert Tabor
Address 555 SE 6 th
City Prineville State Or. Zip 97754

## (2) TYPE OF WORK:
[X] New Well [ ] Deepen [ ] Recondition [ ] Abandon

## (3) DRILL METHOD:
[ ] Rotary Air [ ] Rotary Mud [X] Cable
[ ] Other

## (4) PROPOSED USE:
[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Other

## (5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 30' ft.
Explosives used [ ] Yes [X] No Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Amount sacks or pounds |
|---|---|---|---|---|---|---|
| 10" | 0 | 18' | cement | 0 | 18 | 15 sacks |
| 8" | 18 | 30 | | | | |
| | | | | | | |

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[ ] Other pumped via tremie pipe
Backfill placed from ft. to ft. Material
Gravel placed from 18 ft. to 30 ft. Size of gravel 1/4 min

## (6) CASING/LINER:

| | Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| Casing: | 6" | + 1 | 30 | .250 | X | | X | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Liner: | | | | | | | | |

Final location of shoe(s)

## (7) PERFORATIONS/SCREENS:
[X] Perforations Method Torch
[ ] Screens Type Material

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 20' | 30' | 1/8 | 200 | 6" | | X | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

## (8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 20 gpm | 10' | | 1 hr. |
| | | | |
| | | | |
| | | | |

Temperature of Water 56 Depth Artesian Flow Found 0
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 S N or S. Range 16 E E or W. WM.
Section 5 SE ¼ NW ¼
Tax Lot 3901 Lot Block Subdivision
Street Address of Well (or nearest address) 555 SE 6 th
Prineville, Or. 97754

## (10) STATIC WATER LEVEL:
12' ft. below land surface. Date 12-31-92
Artesian pressure 0 lb. per square inch. Date

## (11) WATER BEARING ZONES:
Depth at which water was first found 17'

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 17' | 30' | 21 gpm | 12' |
| | | | |
| | | | |
| | | | |

## (12) WELL LOG:
Ground elevation 2430'

| Material | From | To | SWL |
|---|---|---|---|
| Top Soil | | 3 | |
| Brown Sandy Clay | 3 | 17 | 12 |
| fine brown sand | 17 | 22 | " |
| fine black sand | 22 | 30 | " |

Date started 12-30-92 Completed 12-31-92

**(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Earl Salisbury WWC Number 1382
Date 12-31-92

**(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Curt Glenn WWC Number 741
Date 12-31-92

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91

CROO 517

**Oregon Water Resources Department**
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

# Application for
# Well ID Number

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***Do not complete if the well already has a Well I.D Number.***

## I. OWNER INFORMATION

Current Owner Name *(please print)*: Joyce Atchison
Mailing Address: 37494 Sunset Lane
City, State, Zip: Brownsville, OR 97327
Address to send Well I.D. Tag: 750 NW 3rd Prineville, OR 97754 Atte. Peggy Morgan
City, State, Zip: Prineville, OR 97754

## II. WELL INFORMATION *(Do not complete this section if the well report is attached.)*

Township: 15 (North/South) Range: 16 (East/West) Section: 05 CA
Tax Lot: 06200 County _____ _____ 1/4 _____ 1/4
Street Address of Well, City: 555 SE 6th Street Prineville, OR 97754
Owner at time the well was constructed, (if known): _____
If the property had a different street address in the past: _____

## III. GENERAL WELL INFORMATION *(Do not complete this section if the well report is attached)*

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic
Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____
Other Information: _____

SUBMITTED BY *(please print)*: Peggy Morgan Coldwell Banker 750 Third St Prineville
PHONE: 541-447-4433 FAX: 541-447-7486

Send application to Oregon Water Resoureces Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

REC'VD: 1-20-15 WellLog: CROO 517 Well ID: L-117436

| *For Official Use Only by the Oregon Water Resources Department:* | | | | |
|---|---|---|---|---|
| **Received Date:** | | **Well Log Number:** | **Well** | **Identification #:** |
| _____ | – | _____ | – | _____ |

**Box R Water Analysis Laboratory LLC**

567 NW Second Street
Prineville, Oregon 97754
Phone: 541-447-4911
Fax : 541-447-4917

Ms. Peggy Morgan

January 12, 2015

c/o Coldwell Banker Sun Country Real Estate

750 NW Third St.

Prineville, OR 97754

Dear Ms. Morgan,

Attached is a copy of your drinking water – Arsenic – test result, sampled on January 4, 2014, at 555 SE 6th St., Prineville, OR. Your analysis was performed by Neilson Research Corp. in Medford, OR. Please do not hesitate to call Box R Water Analysis Laboratory with any questions you may have in regards to your water testing.

Thank you for using Box R Water Analysis Laboratory, we appreciate your business.

Sincerely,

Sherri K. Miyazaki – Box R Water Analysis Laboratory Director

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NEILSON RESEARCH CORPORATION
*Environmental Testing Laboratory*

1/12/2015

Sherri Miyazaki
Box R Waterlab
567 NW Second Street
Prineville, OR 97754

TEL: 541-447-4911
FAX: (541) 447-4917

RE: BRW X017271-Peggy Morgan

Order No.: 1501093

Dear Sherri Miyazaki:

Neilson Research Corporation received 1 sample(s) on 1/6/2015 for the analyses presented in the following report.

The results relate only to the parameters tested or to the sample as received by the laboratory. This report shall not be reproduced except in full, without the written approval of Neilson Research Corporation. If you have any questions regarding these test results, please feel free to call.

Sincerely,
Neilson Research Corporation

Alec C Smith
Project Manager

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# *Neilson Research Corporation*

245 South Grape Street, Medford, Oregon 97501 541-770-5678 Fax 541-770-2901

*Analysis Report*

ORELAP 100016
EPA OR00028

**CLIENT:** Box R Waterlab
**Project:** BRW X017271-Peggy Morgan
**Lab Order:** 1501093

**Date:** 12-Jan-15

## CASE NARRATIVE

The analyses were performed according to the guidelines in the Neilson Research Corporation Quality Assurance Program. This report contains analytical results for the sample(s) as received by the laboratory.

Neilson Research Corporation certifies that this report is in compliance with the requirements of NELAP. No unusual difficulties were experienced during analysis of this batch except as noted below or qualified with data flags on the reports.

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# Neilson Research Corporation

245 South Grape Street, Medford, Oregon 97501 541-770-5678 Fax 541-770-2901

**Analysis Report**

ORELAP 100016
EPA OR00028

**Box R Waterlab**
567 NW Second Street
Prineville, OR 97754

Lab Order: **1501093**
NRC Sample ID: **1501093-01A**
Collection Date: **1/4/2015 12:20:00 PM**
Received Date: **1/6/2015 9:50:00 AM**
Reported Date: **1/12/2015 12:19:35 PM**

***Sample Information:***

**BRW X017271-Peggy Morgan**
555 SE 6th St
Prineville, OR 97754

Client Sample ID: 555 SE 6th St
Collectors Name: SKM
Sample Location:
Source: Well

## ANALYTICAL RESULTS

| Analyses | Method | NELAC Accredited | Result | Qual | MRL | Units | EPA Limit | Date Analyzed | Analyst |
|---|---|---|---|---|---|---|---|---|---|
| Arsenic | EPA 200.8 | A | **0.00169** | | 0.00103 | mg/L | 0.010 | 1/7/2015 | CLG |

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**Notes:** ND - Not Detected at the MRL N.L. - No Limit MRL - Minimum Reporting Limit

*1*

**Box R Water Analysis Laboratory LLC**
567 NW 2nd St.
Prineville Oregon 97754
Phone: 541 447-4911

**Sample RESULTS:** Page 1 of 1
Report Date: January 8, 2015
X Identification number: X017270ab
Client ID number#: X017270ab
Source of Water: DW

System Identification
PWID #: 41- n/a
Name: Peggy Morgan c/o Coldwell Banker Sun Country Real Estate
Address: 750 NW Third St.
City state, Zip code: Prineville, OR 97754

Sampled by: SKM

Sample Identification:
Sample location: 555 SE 6th St., Prineville, OR / front hose bibb
Sample date: 01-04-15

Sample time: 1220

Laboratory Information
Date Received in Lab: 01-04-15
Time received in Lab: 1310
Sample Identification #: X017270ab
Location Analysis Took Place: Box R Laboratory
Results Sent to State: No

Date Analyzed: 01-04-15
Time Analyzed: 1400
Composite Sample: No
ORELAP #: 100054

Analytical Results

| Contaminant | Max Contaminant Limit | Your analysis-Results | Units | Lab Reporting Limit | Method | Notes |
|---|---|---|---|---|---|---|
| Total Coliform | Absent/Present | Absent | n/a | Absent/Present | SM9223B Colilert 18 | Pass |
| E. coli | Absent/Present | Absent | n/a | Absent/Present | SM9223B Colilert 18 | Pass |
| Nitrate | 10.0 | 4.38 | Mg/L | 1.0 | SM4500-NO3-D | Pass |

Recommended holding time was in the range for the test method used per The Box R Water Analysis Laboratory LLC. , Quality Assurance Plan, and in accordance with the National Environmental Laboratory Accreditation Conference, (NELAC). This is documented in the sample results section above in this report. All results are valid for the sample submitted only, and all results are for the client listed above and on the Chain of Custody form. Samples will be held for a maximum of 10 days from the report date unless prior arrangements have been set up. Thank-you for choosing the Box R Water Analysis Laboratory LLC., If you need further explanation or if you have any other questions in regards to the testing of your water, please do not hesitate to call us at 541 447-4911.This report can not be reproduced except in full without the written permission from Box R Water Analysis Laboratory LLC.

DATA QUALIFIERS AND DEFINITIONS
MDL = Minimum Detection Limit MCL = Minimum Contaminant Level MRL = Minimum Reporting Limit
ND = Not Detected at reporting limit LRL = Laboratory Reporting Limit n/a= Not Applicable GW=Ground Water

Laboratory Director SKMiyazaki Date: JAN 8, 2015
Sherri Miyazaki



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DHS

State of Oregon - Drinking Water Program
Microbiological Analysis (Coliform) Reporting Form for Public Water Supplies (v3.2)

PWS# 41 N/A
PWS Name:
City, County:
Phone: 541-480-1367 Fax:
Return address for report:
Name: PEGGY MORGAN C/O CB
Address: 750 NW THIRD ST.
City, State, Zip: PRINEVILLE, OR 97754

ORELAP#: 100054
Lab Name: Box R Water Analysis Laboratory LLC
Address: 567 NW 2nd St., Prineville, OR 97754
Phone/Fax: 541-447-4911 / 541-447-4917
Bottle#: 14660B
☐ Results do not meet NELAC Standards-See page 2
Lab Sample ID#: X017270B

Sample Collected Date/Time: 01 / 04 / 2015 (MM / DD / YYYY) 12 : 20 (Hour : Min) ☐ AM ☑ PM
Chlorinated: ☑ No ☐ Yes
Free Chlorine: _____ mg/L
Collected By: SKM

DISTRIBUTION Sample Type: ☑ Routine ☐ *Repeat ☐ Temporary Routine ☐ Special
*Date of Initial Positive: ___ / ___ / ____ (MM / DD / YYYY)
*Original Positive ID#:
Address: 555 SE 6TH ST, PRINEVILLE OR
Sampled at (ex. "SINK"): FRONT HOSE BIBB

SOURCE Sample Type: ☐ *Triggered ☐ *Confirmation ☐ Assessment ☐ Special
*Date of Initial Positive: ___ / ___ / ____ (MM / DD / YYYY)
*Original Positive ID#:
Source ID: SRC-
Source name (ex. "WELL #1"):

LAB USE ONLY
Sample Received Date/Time: 01 / 04 / 2015 (MM / DD / YYYY) 13 : 10 (Hour: Min) ☐ AM ☑ PM
Initials: CGM
Temp: 17 °C
Evidence of cooling? ☑ Yes ☐ No

Analysis Start Date/Time: 01 / 04 / 2015 (MM / DD / YYYY) 14 : 00 (Hour: Min) ☐ AM ☑ PM
Initials: SKM

ORELAP Method(s): Check all that apply.
☐ Colilert® ☑ Colilert-18® ☐ Colisure® ☐ Chromocult® ☐ Coliscan® ☐ Readycult®
☐ SM 9221 B (MTF) + ☐ E or ☐ F ☐ SM 19th Ed. ☐ SM 20th Ed. ☑ SM 21st Ed.
☐ SM 9221 D (P-A M) + ☐ E or ☐ F
☐ SM 9222 B (MF) + ☐ 9221E or ☐ 9221F or ☐ 9222G
☑ SM 9223 ☐ ColiTag® ☐ MI agar ☐ m-ColiBlue® ☐ Other:

Test Results:
Total Coliforms: ☐ Present ☑ Absent
E. Coli: ☐ Present ☑ Absent

Analysis Complete Date/Time: 01 / 05 / 2015 (MM / DD / YYYY) 08 : 00 (Hour: Min) ☑ AM ☐ PM
Analyst: SK MIYAZAKI
Review by: SKM 01 / 05 / 2015 (MM / DD / YYYY)

Reported By:
Report Date 01 / 05 / 2015 (MM / DD / YYYY)

Sample Invalidation:
☐ Over 30 hours
☐ Leak
☐ Heavy non-coliform growth
☐ Other

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Test results relate only to the parameters tested and to the samples as received by the laboratory. Test results meet all requirements of NELAC unless otherwise noted. This report shall not be reproduced except in full, without written consent of this laboratory. Send results to DHS-DWP P.O. Box 14350, Portland, OR 97293-0350

For technical support and information, please call Data Management Coordinator (ph. 971-673-0405, M-F, 8am-5pm PT) or visit http://www.oregon.gov/DHS/ph/dwp/labs.shtml

Box R Water Analysis Laboratory LLC
567 NW 2nd St. Prineville, OR 97754
Phone: (541)447-4911 Fax: (541)447-4917
ORELAP # 100054

| To be filled in by Person Submitting Sample: | | |
|---|---|---|
| Public Water System ☐ N/A | | Realty Transaction ☑ |
| PWS ID #: 41 N/A | Source ID: N/A | Source Name: Well |
| Public Water System or Property Owner: C/O Ms. Peggy Magan | | |
| Coldwell Banker ~ Sun Country Real Estate | | |
| Address: 750 NW 3rd Street | | |
| City, State, Zip: Prineville, OR 97754 | | |
| Sampled at: 555 SE 6th St. Prineville OR | Sampled By: SKM | |
| Date Collected: 01-04-2015 | Time Collected: 1220 | |
| Sample Composition: (Raw) or Treated Water \| From Source or (Distribution) \| (Single) or Combined Sample | | |

| To be completed by Laboratory: | | | | | | |
|---|---|---|---|---|---|---|
| Date Received in Lab: 01-04-15 | | | Date Analyzed: 01-05-2015 | | | |
| Lab Sample ID: X0172701A | | | Sample Composited in Lab: Y \| (N) | | | |
| **Contaminant** | **Code** | **MCL mg/L** | **Analysis mg/L** | **LRL** | **Method** | **Analyst** |
| Nitrate | 1040 | 10. | 4.38mg/L | 1.0mg/L | SM4500-NO3-D | SKM |
| Nitrate-Nitrite | 1038 | 10. | | | | |
| Nitrite | 1041 | 10. | | | | |

Box R Water Analysis Laboratory reserves the right to reject any sample that does not meet proper sampling procedures, or does not have a completed chain of custody form.
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