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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by WATER RESOURCES DEPT. SALEM, OREGON)

WELL I.D.# L59289

(START CARD) # 150898

(1) OWNER:

Well Number 1096

Name Kingdom Hall
Address 2260 SE Highland
City Prineville State Oreg. 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 480 ft.

Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	170	Denite	0	25	25
6	170	480	Element	25	166	40

How was seal placed: Method A B C D E
 Other Paucin Dry

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	6	12	166	25	<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:

Perforations		Screens					
Method	Type	Material	Material				
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time	Flowing			
				Pump	Bailer	Air	Artesian
150	Unknown	480	1 hr.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Temperature of water 74 Depth Artesian Flow Found 460

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 9 NE 1/4 NE 1/4
Tax Lot 404 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2315 Pauline HW

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure 1 lb. per square inch. Date 10-1-02

(11) WATER BEARING ZONES:

Depth at which water was first found 20

From	To	Estimated Flow Rate	SWL
20	32	Unknown	20
460	480	150	74

(12) WATER RESOURCES DEPT. SALEM, OREGON

WATER RESOURCES DEPT. SALEM, OREGON

Material	From	To	SWL
TOP Soil	0	1	
Brown Sandy clay	1	26	
Gravel	26	29	
Coarse Brown Sand	29	32	
Black silt	32	43	
Gray clay soft	43	153	
Tan clay	153	157	
Gray Basalt medium	157	162	
yellow clay stone	162	170	
Tan clay stone	170	190	
Gray clay stone	190	212	
Green clay stone	212	257	
Dark Gray clay stone Hard	257	262	
Light Gray clay stone Hard	262	392	
Red Brown clay stone	312	320	
Brown clay stone	320	398	
Red clay stone	398	421	
Hard Red Basalt	421	480	

Date started 8-28-02 Completed 10-1-02

(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.

WWC Number _____

Signed _____ 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.

WWC Number 584

Signed Daniel Mephu Date 10-18-02