CROO 52001

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D.# L46157

(START CARD) # 150913

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

(1) OWNER: Well Number 1111

Name Linn McCain

Address Po Box 5476

City Bend State Oreg. Zip 97708

(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 253 ft.

Explosives used ☐ Yes ☑ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	80	Bentonite	0	80	70
6	80	253	Cement	30	70	20

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

☐ Other Pours 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:	6	+1	253	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:

☑ Perforations Method Torch

☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
243	253	6x1/16	102	6		☑	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☑ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50	No		1 hr.

Temperature of water 56 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 16 (E) or W. WM.

Section 31 SE 1/4 SE 1/4

Tax Lot 3400 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) 1305 N Pinkard

(10) STATIC WATER LEVEL:

7 ft. below land surface. Date 12-04-02

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found ____

From	To	Estimated Flow Rate	SWL
233	243	50+	7

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Black Sand	40	60	
Soft Gray Clay	60	233	
Gravel coarse	233	243	7
Gray Clay	243	253	

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DEC 23 2002
WATER RESOURCES DEPT
SALEM, OREGON

Date started 11-25-02 Completed 12-04-02

(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 Darrell Mapstone Date 12-19-02

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER