CROO 52057
5205:(

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

WELL I.D.# L49522 (START CARD) # 150895

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

(1) OWNER: Well Number 1083

Name Ruth Cox

Address 2215 NE McKay Rd.

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 110 ft.

Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	30	Bentonite	0	18	45
6	30	110				

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:	6	+1½	110	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
90	100	6x16	240	6"		☑	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☑ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20	NO		1 hr.

Temperature of water 53 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 15 N or ⓢ Range 16 Ⓔ or W. WM.

Section 4 NW 1/4 SW 1/4

Tax Lot 7900 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 1729 Lincoln

(10) STATIC WATER LEVEL:

22 ft. below land surface. Date 8-15-02

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
22	30	30	22
90	110	20+	22

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sandy Top Soil	0	1	
Sandy Brown clay	1	28	
Black Silt	28	45	
Gray clay soft	45	81	
Tan clay	81	90	
Gravel	90	100	
Broken Gray Basalt	[illegible]00	110	

RECEIVED
MAY 01 2003
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
APR 03 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-8-02 Completed 8-15-02

(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 Mafke Date 9-2-02

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