CROO 52102

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JUL 09 2003
WATER RESOURCES DEPT
SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 63096
START CARD # 155872

(1) LAND OWNER Well Number _____
Name Bob Smalling
Address 357 SE Willowdale
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 30 ft.
Explosives used ☐ Yes ☒ No Type — Amount _____

HOLE Diameter	From	To	Material	SEAL From	To	Sacks or pounds
10"	0	20'	Bentonite	0	20	12 Sacks
6"	20'	30'				

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"	+1	30'	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	None				☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) —

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Cutting torch
☐ Screens Type — Material —

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	30	1/16x6	36	6"	—	☒	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	10'		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 15 N or S Range 16 E or W. WM.
Section 4 SW 1/4 NW 1/4
Tax Lot 6401 Lot — Block — Subdivision —
Street Address of Well (or nearest address) SAME as owner

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 6/27/03
Artesian pressure — lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 21'

From	To	Estimated Flow Rate	SWL
21	30	10 gpm	11'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown sandy Clay	2	10	
Yellow Clay + Gravel	10	21	
Gravel	21	30	11'

Date started 6/26/03 Completed 6/27/03

(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 1810
Signed [signature] Date 7/2/03

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER