CROO 52176

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 65115
START CARD # 157359

(1) LAND OWNER Well Number ____
Name Marilyn Fisher
Address 2440 Melrose Dr.
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 50 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	20	Benton. Te	0	20	15 Sacks
8"	20	50				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured in Dry
Backfill placed from ~~20~~ ft. to ~~50~~ ft. Material ____
Gravel placed from 20 ft. to 50 ft. Size of gravel 1/4 Mines

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1	50	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
						☐	☐
40	50	1/16 x 6	60	6"		☒	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
10	5'		4 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 NE 1/4 SW 1/4
Tax Lot 11700 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) Same as Owner

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 9/27/03
Artesian pressure ____ lb. per square inch Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 40'

From	To	Estimated Flow Rate	SWL
40	50	10 gpm	10

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Topsoil	0	2	
Yellow Clay & Gravel	2	30	
Tan Clay & Gravel	30	40	
Gravel	40	50	10'

RECEIVED
OCT 24 2003
WATER RESOURCES DEPT
SALEM, OREGON

Date started 9/26/03 Completed 9/27/03

(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 3/21/03

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