CROO 52195

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 _____
START CARD # 155127

(1) LAND OWNER Well Number 403
Name COLSON & COLSON
Address 13331 CROOKED RIVER HWY
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 0 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12	0	38	BENTONITE	0	38	70 SACKS
8	38	501	BENTONITE	38	501	196 SACKS

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other POURED AND PROBED
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:	NONE				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type N/A Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
	N/A		

Temperature of water _____ 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 N/A ☐ Colored ☐ Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County CROOK Latitude _____ Longitude _____
Township 18S N or S Range 16E E or W. WM.
Section 12 SE 1/4 NE 1/4
Tax Lot 160 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
BEAVER CREEK RANCH

(10) STATIC WATER LEVEL: NONE
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES: NONE FOUND
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

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SALEM, OREGON

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL GRAY	0	3	
SANDY CLAY GRAY	3	32	
RED TUFFSTONE	32	496	
RECEIVED OVER THE COUNTER			
NO WATER GRITTY RED TUFFSTONE VERY DRY			
PULLED STEM NEXT DAY HAD ONLY 10FT TO WATER IN BORE HOLE			
BACK FILLED WITH HOLE PLUG TO 40FT 196 SACKS BACK FILLED TO SURFACE WITH 3/8 CHIPS AND CASING SEAL 70 SACKS			

Date started 10-26-03 Completed 10-29-03

(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 579
Signed Paul Bello Date 11-5-03

(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 579
Signed Paul Bello Date 11-5-03

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