

AUG 06 2004

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 56676
START CARD # 135755

(1) LAND OWNER _____ Well Number _____
 Name COLSON & COLSON
 Address 13301 CROOKED RIVER HWY
 City PRINEVILLE State OR Zip 97764

(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 300 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
15	0	38	BENTONITE	0	38	42 SACKS
8	38	900				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured ORV

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:	8"	+2	18	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6"	-5'	300'	188	☒	☐	☒	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:

☐ Perforations Method MACHINE PRE DONE

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-6	30	1/8 x 5	3000			☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing ☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
35		280	1 hr.

Temperature of water 48 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 44° 03' 27" Longitude 120° 49' 27"
Township 17 S N or S Range 1 E E or W. WM.
Section 36 1/4 SE 1/4 1 NE
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 20915 SE

(10) **STATIC WATER LEVEL:** 65 ft. below land surface. Date 97754
7-6-04
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 269

From	To	Estimated Flow Rate	SWL
269	300	35	65

(12) WELL LOG:

Ground Elevation _____

[illegible]

Date started 6-4-04 Completed 7-8-04

(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.

Signed Paul Bello WWC Number 579
Date 8-2-04

(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.

Signed Paul Bello WWC Number 577
Date 8-2-01