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SEP 0 9 2004

WATER RESOURCES DEPT
SALEM, OREGON

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

WELL I.D. # L 68918
START CARD # 165951

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

(1) LAND OWNER Well Number _____
Name Ernest + Nola Kaufman
Address 413 S E Sixth St
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	SEAL Material	From	To	Sacks or pounds
10	0'	20	Bentonite	0	20	15 sacks
6"	20	30	None			

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) none

(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	40	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		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 5 NW 1/4 SW 1/4
Tax Lot 9701 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same as Owner

(10) STATIC WATER LEVEL:
5 ft. below land surface. Date 8/12/04
Artesian pressure — lb. per square inch Date —

(11) WATER BEARING ZONES:
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	30	10	5

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	3	
Brown sandy Clay	3	20	
Sand + gravel	20	30	5

Date started 8/10/04 Completed 8/12/04

(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.
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 9/6/04

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