CROO 52821

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

WELL I.D. # L 77295
START CARD # 182402

Instructions for completing this report are on the last page of this form. CR00 52821

(1) LAND OWNER Well Number ____
Name Asset one
Address 600 17th St Suite 160
City Denver State Co. Zip 80202

(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 ____ ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
All	Ready		Done			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other ____
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:	All	Ready	Done		☐	☐	☐	☐
Liner:					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:
☐ Perforations Method ____
☐ Screens Type ____ Material ____

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

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

Yield gal/min	Drawdown	Drill stem at	Time
All Ready Done			1 hr.

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 ☐ 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 1500 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 804 SE Willow Dale Dr. Prineville

(10) STATIC WATER LEVEL:
All ft. below land surface Ready Done Date ____
Artesian pressure ____ lb. per square inch Date ____

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

From	To	Estimated Flow Rate	SWL
All	Ready	Done	

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
All Ready Drilled			
Just Cleaned Out			

RECEIVED
JAN 17 2006
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
NOV 02 2006
WATER RESOURCES DEPT
SALEM, OREGON

Date started 11/30/05 Completed 12/13/05

(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 1-10-06

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