CROO 53058

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

WELL I.D. # L _____

START CARD # 172262

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

(1) LAND OWNER Well Number _____
Name TIFFANI CABRAL
Address 2280 NW 101 ST
City REDMOND State OR Zip 97756

(2) TYPE OF WORK ☑ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☑ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☑ No
Depth of Completed Well 555 ft.
Explosives used: ☐ Yes ☑ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
12 IN	0	19	BENTONITE	0	19	16 SACKS
8 IN	19	555				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other POURED 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:	8 IN	+2	19	.250	☑	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	5 IN	-5	555	SDR26	☐	☑	☐	☑
				.188	☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS
☑ Perforations Method SAW CUT
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
535	555	1/8	78	5 IN		☐	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
50+	UNKNOWN	555	1.5 HRS

Temperature of water 54 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 (legal description)
County CROOK
Tax Lot 410 Lot _____
Township 16 S Range 16 E E WM
Section 23 B NW 1/4 NE 1/4
Lat ___°___'___" or _____ (degrees or decima
Long ___°___'___" or _____ (degrees or decima
Street Address of Well (or nearest address) 14371 SE DAKOTA PLA2
PRINEVILLE OR 97754

(10) STATIC WATER LEVEL
493 ft. below land surface. Date 8-04-05
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 525

From	To	Estimated Flow Rate	SWL
525	555	50+	493

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
SOIL	0	1	
HARD GREY LAVA	1	78	
FRACT GREY LAVA	78	98	
LOSS OF RETURN/HARD FORMA	98	215	
BLACK BASALT/ HARD	215	445	
BASALT/W CLAY SEEMS	445	525	493
FRACT BASALT W/B	525	555	"
SIX YRDS CEMENT POURED			
FROM 80 FT. TO 215 TO			
STABILIZE DRILLING			

RECEIVED
MAR 1 0 2006
WATER RESOURCES DEPT.
SALEM, OREGON

Date Started 7-15-05 Completed 8-01-05

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, alteration, 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 HELPER Date JEFF DEWILDE

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 knowled and belief.

WWC Number 1677 Date 8-04-05

Signed Donald N Davis