CROO 53153

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

WELL I.D. # L 77294
START CARD # 182409

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

(1) LAND OWNER Well Number _____
Name Dale Cooper
Address 302 SE Idlewood 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 80 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	25'	Bentonite	0	25	25 sacks
6"	25'	80'	"			

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'	80'	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	none				☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Cutting torch
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
70'	80	1/16 x 6	40	6"		☒	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
20 gpm	0		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 14 N or S Range 16 E or W. WM.
Section 26 SW 1/4 SW 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2357 NE Johnson Ck Rd Prineville OR

(10) STATIC WATER LEVEL:
60 ft. below land surface. Date 7/9/06
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
70	80	20 gpm	60'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	3	
Brown Sandy Clay	3	30	
Yellow Clay + Gravel	30	70	
Gravel	70	80	60'

RECEIVED NOV 13 2006 WATER RESOURCES DEPT SALEM, OREGON

RECEIVED AUG 01 2006 WATER RESOURCES DEPT SALEM, OREGON

Date started 6/30/06 Completed 7/9/06

(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 7/28/06

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