STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

CROO 53216
09-18-2006

WELL LABEL # L 82809

START CARD # 186471

(1) LAND OWNER

Owner Well I.D. Stadium

First Name _____ Last Name _____

Company City of Prineville

Address 387 NE Third St

City Prineville State OR Zip 97754

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion
☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☒ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 253.30 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
24	0	201	Cement	0	197	185	S
20	201	262					
12	262	267					

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other _____

Backfill placed from 254 ft. to 266 ft. Material pea gravel

Filter pack from 197 ft. to 254 ft. Material pea gravel Size pea gravel

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	20	☒	.75	236	.375	◉	○	☒	☐
◉	○	12	☒	2	231.3	.375	◉	○	☒	☐
◉	○	12	☐	251.3	253.3	.375	◉	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Wire wrap Material 304 Stainless

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	12	231.3	251.3	.125			12

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

◉ Pump ○ Bailer ○ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50	131	230	4

Temperature 57 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Crook Twp 15.00 S N/S Range 16.00 E E/W WM

Sec 5 NE 1/4 of the SE 1/4 Tax Lot 700

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

○ Street address of well ◉ Nearest address

NE of intersection of SE 5th St and SE Bailey Rd., Prineville, OR 97754

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	07-26-2006		☐	165.4

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 26

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
05-02-2006	26	60	20		☐	20
05-11-2006	60	193	100		☐	13
05-31-2006	230	256	38		☐	64
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Brown silt	0	8
Gravel - hard	8	26
Sand - grey/black	26	60
Sand - medium to fine	60	120
Packed silt - grey	120	135
Silt to sand - grey	135	193
Clay - grey, sticky	193	230
Sand (dark grey, medium) to gravels	230	240
Cemented gravels - medium hard	240	245
Gravel & sand	245	248
Gravels	248	256
Grey clay - soft, sticky	256	266

Date Started 04-26-2006 Completed 08-22-2006

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1530 Date 09-18-2006

Electronically Filed

Signed STEVEN VIBBARD (E-filed)

(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 knowledge and belief.

License Number 1464 Date 09-18-2006

Electronically Filed

Signed GREG MCINNIS (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.88

WATER SUPPLY WELL REPORT - continuation page

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09-18-2006

WELL I.D. # L 82809

START CARD # 186471

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To