Croo 53477

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

WELL LABEL # L 81433

START CARD # 194934

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

(1) LAND OWNER Owner Well I.D. _____
First Name Rod Last Name Fulton
Company _____
Address 1924 Lincon Rd
City Prineville State OR Zip 97760

(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/Commercial ☐ Livestock ☐ Dewatering ☐ Injection ☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 166 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Sacks/lbs
10	0	24	Bentinite	0	24	17	5cks
6	24	166					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Pured Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6	+	1	166	.250	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method factory
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X		X			146	166	.48	3"	160	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15	32'	100'	24 hr.

Temperature 52 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

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(9) LOCATION OF WELL (legal description)
County Crook Twp 15 N or S Range 16 E or W W.M.
Sec 4C SD 1/4 of the SW 1/4 Tax Lot 14400
Tax Map Number _____ Lot _____
Lat __ __° __ __ __.__ " or __ __.__ __ __ __ __ DMS or DD
Long __ __° __ __ __.__ " or __ __.__ __ __ __ __ DMS or DD
Street Address of Well (or nearest address) 1924 Lincon Rd. Prineville OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	7-29-07	~~27'~~		27'

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 25'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7-29-07	25	166	15			27'

(11) WELL LOG Ground Elevation _____

Material	From	To
Sandy Loam	0	3
Sandy Brown clay	3	9
Fine Brown Sand with clay	9	24
Fine Brown Sand/Silt	24	34
Fine Brown Sand with Clay	34	48
Fine Brown Sand and Silt	48	64
Silty Gray Clay	64	157
Boulders with Silt	157	166

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Date Started 7-21-07 Completed 7-27-07

(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 [redacted] 1631 Date 7-30-07
Signed BL-K

(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 1557 Date 7-30-07
Signed _____
Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006

WATER RESOURCES DEPT
SALEM, OREGON