

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

09-25-2007

WELL LABEL # L ~~88674~~ 157812 Rpl

START CARD # 1002242

(1) LAND OWNER

Owner Well I.D. 1433

First Name JOHN

Last Name BECK

Company JASPER KNOLLS WATER DISTRICT

Address 290 Bench Rd

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

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 500.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/ lbs
12	0	30	Bentonite	0	30	20	S
8	30	500					

How was seal placed:

Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other POURED IN DRY

Backfill placed from ft. to ft. Material

Filter pack from ft. to ft. Material Size

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	1.5	30	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	10	500	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY

Screens Type Material

Perf/S	Casing/ Screen	Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	6	300	500	.09	3	240		

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		500	

Temperature 57 °F Lab analysis ☐ Yes ByWater quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Crook Twp 16.00 S N/S Range 17.00 E E/W WM

Sec 33 NE 1/4 of the SW 1/4 Tax Lot 6701

Tax Map Number

Lot

Lat ° ' " or DMS or DD

Long ° ' " or DMS or DD

☐ Street address of well ☒ Nearest address

JASPER KNOLLS WATER DISTRICT

PRINEVILLE, OREGON 97754

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	09-24-2007		192

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 260

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-24-2007	260	500	25		192

(11) WELL LOG

Ground Elevation

Material	From	To
SANDY TOP SOIL	0	1
BROWN /RED CLAYSTONE	1	100
ROCK GREEN CLAY SEAMS	100	140
RED CLAY	140	160
HARD ROCK	160	200
ROCK GRAY SEAMS	200	300
GRAY CLAY	300	340
BROWN CLAY STONE	340	400
GRAY CLAY ROCK	400	500

Date Started 09-20-2007

Completed 09-24-2007

(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 1866

Date 09-25-2007

Electronically Filed

Signed STEVEN O WHEELER (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 584

Date 09-25-2007

Electronically Filed

Signed DARRELL MAPHET (E-filed)

Contact Info (optional)



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

APR 14 2025

Do not complete if the well already has a Well Identification Number.

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Jasper Knolls Water District - Ron Stanley

Mailing Address: 18438 S. Jasper Knolls Dr.

City, State, Zip: Prineville, OR 97754

Mail Well ID to: ☐ SAME AS ABOVE ☒ In Care Of (C/O)

Name & Address: D. Max Hamblin PO Box 397

City, State, Zip: Prineville, OR 97754

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 16S (North / South) Range: 17E (East / West) Section: 33 NE 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 161733CA06701 County Crook

GPS Coordinates: 44°08'19.5"N 120°41'57.3"W

Street Address of Well, City: S. Ridge Rd., Prineville, OR 97754 (18164)

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available) well #4

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic Community system OR41 00678

Date Well Constructed (or property built): 2007 Total Well Depth: 500' Casing Diameter: 8"

Owner at time the well was constructed (if known): John Beck Well Report # (if known): CROO 53495 + 54079

Other Information: Well ID L 88674 lost (reportedly never attached) Replacement needed!

SUBMITTED BY (please print): D. Max Hamblin DA

PHONE: 541-447-8155

EMAIL &/or FAX: max.hamblin@co.crook.or.us

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

REPLACEMENT

For Official Use Only by the Oregon Water Resources Department:

Received Date:

4-14-2025

Well Report Number:

CROO 53495 (orig)
CROO 54079 (alt)

Well Identification #:

L-157812