

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.785)

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

CROO 53566

WELL ID # L L89937

(START CARD) # 195120

(1) OWNER:

Well Number: 2

Name **Gary & Colleen Haynes**

Address **5621 SW Bozarth Rd.**

City **Powell Butte**

State **OR** Zip **97753**

(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 **438** ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12	0	66	Bentonite	0	32	32 sacks
8	66	440	Cement Slurry	32	66	66 sacks

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:	8in	+2	66	.250	<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"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6in	-20	440	.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"/>

Final location of shoe(s) **66**

(7) PERFORATIONS/SCREENS:

☒ Perforations Method **Factory Slotted**

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
398	438	1/8	480			<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"/>

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25+	10ft	430	1 hr.

Temperature of Water **52** Depth Artesian Flow found _____

Was a water analysis done? ☐ Yes By whom _____

Did any strata contain water not suitable for intended use? ☐ Yes ☐ No

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County **Crook** Latitude Longitude
Township **15S** N or S. Range **14E** E or W. of WM.
Section **21** NW 1/4 **SE** 1/4
Tax lot **300** Lot Block Subdivision
Street Address of Well (or nearest address) **Off of Remington Ranch Rd., Powell Butte, OR**

(10) STATIC WATER LEVEL:

377 ft. below land surface. Date **8/24/2007**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **402**

From	To	Estimated Flow Rate	SWL
402	438	25+	355

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Brown Sandy Loam	0	1	
Sand & Loose Lava	1	2	
Hard Gray Basalt	2	38	
Broken Gray Basalt with Pumice	38	60	
Hard Gray Basalt	60	102	
Brown Sandstone & Pumice	102	117	
Brown & Red Broken Basalt	117	158	
Hard Gray Basalt	158	172	
Red Cinders	172	180	
Brown Sandstone	180	272	
Black Lava	272	281	
Light Brown Sandstone & Pumice	281	328	
Black Lava	328	402	
Brown Sandstone & Pumice WB	402	440	

Well sloughed in the last 2 feet.

WESTERN WATER DEVELOPMENT

P.O. Box 1670

REDMOND, OR 97756

Date started **8/23/2007**

Completed **8/24/2007**

(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 my best knowledge and belief.

Signed _____

WWC Number _____
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.

Signed **Robert Buckner**
Robert Buckner

WWC Number **1385**
Date **9/3/2007**

ORIGINAL - WATER RESOURCES DEPARTMENT MAR 27 2008 COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

WATER RESOURCES DEPT
SALEM, OREGON