CROO 53614

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

WELL I.D. # L 89806

START CARD # 192558

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

(1) LAND OWNER Well Number _____
Name Jim Dobson
Address 699 S-E PALIN LN
City PRINEVILLE State OR Zip 97754

(2) TYPE OF WORK ☑ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☑ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☐ No
Depth of Completed Well 39 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10"	0	18	Bentonite	0	18	10 sks
8"	18	39				

How was seal placed: Method ☑ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
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	-39	.280	☑	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS
☑ Perforations Method torch
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
-19	39	1/8	46			☑	☐
		4				☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
40	5		1 hr

Temperature of water 55 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: _____

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(9) LOCATION OF WELL (legal description)
County CROOK
Tax Lot 1006 Lot _____
Township 15 N or S Range 16 E or W WM
Section 5 BA 1/4 _____ 1/4
Lat ___ ° ___ ' ___ " or _____ (degrees or decimal)
Long ___ ° ___ ' ___ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) 699 S-E PALIN LN PRINEVILLE, OR

(10) STATIC WATER LEVEL
20 ft. below land surface. Date 8-14-08
20 ft. below land surface. Date 8-14-08
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL
24	38	10 GPM	20

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
top soil	0	2	
BROWN SANDSTONE	2	24	
FINE SAND and gravel	24	38	
FINE GRAY CLAY	38	39	20

Date Started 8-14-08 Completed 8-14-08

(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.

WWC Number _____ Date _____

Signed _____

(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.

WWC Number 520 Date 8-14-08

Signed _____

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER 06/16/2004