STATE OF OREGON WATER SUPPLY WELL REPORT

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

CROO 53899

06-24-2011

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WELL LABEL # L 88294 **START CARD #** 1013832

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)
First Name TRAVIS Last Name <u>SEVERANCE</u>	County <u>Crook</u> Twp <u>16.00</u> <u>S</u> N/S Range <u>23.00</u> <u>E</u> E/W WM
Company	Sec <u>28</u> <u>NE</u> 1/4 of the <u>NE</u> 1/4 Tax Lot <u>1300</u>
Address 5455 S CROOKED RIVER HWY	Tax Map Number Lot
City PRINEVILLE State OR Zip 97754	Lat ' ' or DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	Long or DMS or DD
Alteration (repair/recondition)	○ Street address of well ● Nearest address
	PAULINA VALLEY RD
(3) DRILL METHOD	
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL
Reverse Rotary Other	Date $SWL(psi) + SWL(ft)$
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening
Industrial/ Commercial Livestock Dewatering	Completed Well 06-23-2011 34
Thermal Injection Other	Flowing Artesian? Dry Hole?
	WATER BEARING ZONES Depth water was first found 34
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy	
Depth of Completed Well <u>330.00</u> ft.	06-23-2011 34 300 1,100 34
BORE HOLE SEAL sacks/ Dia From To Material From To Amt lbs	
18 0 18.5 Granular Bentonite 0 18.5 21 S 14 18.5 154	
12 154 330	
	(11) WELL LOG Ground Elevation
How was seal placed: Method A B C D E	Material From To
Other Poured in Dry	Top Soil 0 2
Backfill placed from ft. to ft. Material	Dark Brown Sandstone 2 146
Filter pack from ft. to ft. Material Size	Grey Basalt 146 250 Light Brown sandstone 250 266
Explosives used: Yes Type Amount	Corres De selt esc/ Classificaria Conservatione 200
(6) CASING/LINER	Crey Basait W/ Claystone Seams 266 330
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd	
0	
$\bigcirc \bigcirc 12 \qquad \boxed{1.5 \qquad 10.5} \qquad \boxed{\bigcirc} \bigcirc \boxed{\bigcirc} \qquad \boxed{]} \qquad \boxed{\bigcirc} \qquad \boxed{]} \$ []} \[]} \qquad \boxed{]} \[]} \qquad \boxed{]} \[]} \[]} \[]} \[]} \[]} \[]} \[]} \[]} \[]} \[]} \	
Shoe Inside Outside Other Location of shoe(s)	
Temp casing Yes Dia From To	
(7) PERFORATIONS/SCREENS	
Perforations Method	
Screens Type Material	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started <u>06-21-2011</u> Completed <u>06-23-2011</u>
creen Liner Dia From To width length slots pipe size	(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.
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date
Pump Bailer Air Flowing Artesian	Electronically Filed
<u>Yield gal/min</u> Drawdown Drill stem/Pump depth Duration (hr)	Signed
1.100 330 1	(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
Temperature _53 °F Lab analysis Yes By	performed during this time is in compliance with Oregon water supply well
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.
From To Description Amount Units	License Number <u>1583</u> Date <u>06-24-2011</u>
	Electronically Filed
	Signed DAVID A SCHLICHTING (E-filed)
	Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95