

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

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APR 1 1993

(START CARD) # 40726

(1) OWNER:

Name Jasper Knolls Water System
Address 290 Bench Rd.
City Prineville State Or Zip 97754

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other

(4) PROPOSED USE:

☐ Domestic ☒ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 950 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	30	cement grout	0	30	24sacks
8"	30	950				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other pumped via tremie pipe

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:	8"	+2	30	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	+1	940	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Factory
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
200	940	1/8	900	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing
Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10gpm	145'		7 hr.

Temperature of Water 60 Depth Artesian Flow Found 0

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: _____

(9) LOCATION OF WELL by legal description:

County Crook Latitude _____ Longitude _____
Township 16S N or S. Range 17E E or W. WM.
Section 33 NE 1/4 SE 1/4
Tax Lot 6701 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 290 Bench Rd.

(10) STATIC WATER LEVEL:

235 ft. below land surface. Date 3/19/93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 910'

From	To	Estimated Flow Rate	SWL
910	922	10+ GPM	235

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top soil	0	1	
Broken lava	1	6	
Red claystone	6	116	
Grey claystone	116	510	
Pink claystone	510	576	
Red claystone	576	696	
Green claystone	696	736	
Red claystone	736	796	
Green claystone	796	810	
Black basalt hard	810	860	
Green claystone	860	905	
Red broken claystone	905	910	235
Green claystone (broken)	910	918	"
Grey claystone hard	918	950	"

Date started 3/4/93 Completed 3/19/93

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed [Signature] WWC Number 1607
Date 3-26-93

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 741
Date 3-26-93



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

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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 #): 6701 County Crook

GPS Coordinates: 44°08'18.7"N 120°41'58.4"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 #3

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic community system OR 41 00678

Date Well Constructed (or property built): 1993 Total Well Depth: 950' Casing Diameter: 8"

Owner at time the well was constructed (if known): Jasper Knolls W.S. Well Report # (if known): CROO540

Other Information: _____

SUBMITTED BY (please print): D. Max Hamblin 

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.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
4-14-2025

Well Report Number:
CROO 540

Well Identification #:
L-157811