STATE OF OREGON
WATER SUPPLY WELL REPORT
(ORS 537.765 & OAR 690-205-0210)
Instructions for completing this report are on the last page of this form.

2 AMENDED to IRRIGATION CROO 54061 6ROO 54061

WELL LABEL # L 101393
START CARD # 1026275
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
First Name DAVE Last Name HANCOCK
Company _____
Address 64100 N HWY 97 # 22
City BEND State OR Zip 97701

(2) TYPE OF WORK ☑ New ☐ Conversion ☐ Deepening
☐ Alteration (complete Sections 2a & 10) ☐ Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: ☐ Steel ☐ Plastic ☐ Other _____
Casing Gauge _____ Casing Diameter _____

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 39 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE Dia	From	To	SEAL Material	From	To	Amount	Sacks/lbs
10	0	18	Bentonite	0	18	13	
8	18	39					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☑ Other Poured Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		6	✓	1	34	.250	✓		✓	

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JUL 03 2013
SALEM, OR

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____

(7) PERFORATIONS/SCREENS
Perforations Method Torch
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
✓		✓			24	34	.18	6	32	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
18	7		1 hr

Temperature 55 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County CROOK Twp 15 N or S Range 16 E or W W.M.
Sec 5 SW 1/4 of the NE 1/4 Tax Lot 4200
Tax Map Number NW SW Lot _____
Lat ___ ° ___ ' ___.___ " or ___.___ DMS or DD
Long ___ ° ___ ' ___.___ " or ___.___ DMS or DD
Street Address of Well (or nearest address) 205 Lynn Blvd
Prineville, OR 97754

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	6-26			14

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 22

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6-26	22	36	20			14

(11) WELL LOG Ground Elevation _____

Material	From	To
topsoil	0	2
Brown Sandstone	2	7
Large gravel + conglomerate	7	11
Brown Sandstone	RECEIVED BY OWRD	23
Coarse Black Sand + gravel (w.b)	23 JUL 24 2013	37
Soft Blue clay	37	39
	SALEM, OR	

Date Started 6-26-13 Completed 6-27-13

(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 _____ 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.

License Number 570 Date 6-29-13
Signed _____ RECEIVED BY OWRD
Contact Info. (optional)
JAN 31 2017
SALEM, OR

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK
01/02/2009