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.

CROO 54162

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WELL LABEL # L 113860
START CARD # 1084159
ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. _____
First Name DAVID Last Name SCHMIDT
Company _____
Address 16633 S. ANNETTE RD
City OREGON CITY State OR Zip 97045

(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 33 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE Dia	From	To	SEAL Material	From	To	Amount	Sacks/lbs
10	0	18	Bentonite	0	18	15	
6	18	33					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
ilter 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	33	.250	✓		✓	

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

(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
✓		✓			23	33	1/4	6	30	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15	2ft		1 hr

Temperature 54 °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 NW 1/4 of the NE 1/4 Tax Lot 2400
Tax Map Number 15 16 NW Lot _____
Lat ___ ° ___ ' ___ . ___ " or ___ . ___ DMS or DD
Long ___ ° ___ ' ___ . ___ " or ___ . ___ DMS or DD
Street Address of Well (or nearest address) 640 S.E. BAILEY RD
PRINEVILLE, OR 97754

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	8-27-14			14

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 20

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8-27-14	20	33				14

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	5
BROWN CLAY	5	20
COURSE SAND + GRAVEL	20	33

RECEIVED BY OWRD
OCT 14 2014
SALEM, OR

RECEIVED BY OWRD
SEP 17 2014
SALEM, OR

Date Started 8-26-14 Completed 8-27-14

(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 HELPER Date _____
Signed PAUL POCHATKO

(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 9-16-14
Signed _____
Contact Info. (optional)

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