STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

CROO 54326

2/19/2016

WELL I.D. LABEL# L 119164
START CARD # 1029441
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name LAUREL Last Name KELSO
Company
Address 1475 SE CAREY FOSTER RD
City PRINEVILLE State OR Zip 97754

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion ☐ Alteration (complete 2a & 10) ☐ Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 42.00 ft.

BORE HOLE

Dia	From	To
10	0	42

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite	0	18	20	S
		Calculated	8.55	
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED IN DRY
Backfill placed from ft. to ft. Material
Filter pack from 18 ft. to 42 ft. Material GRAVEL Size pea gravel
Explosives used: ☐ Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
●	○	6		1	42	.250	●	○	☒	
○	○						○	○		
○	○						○	○		
○	○						○	○		
○	○						○	○		

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☐ Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method Torch
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	22	42	.125	6	100	

(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	0		1

Temperature 56 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CROOK Twp 15.00 S N/S Range 16.00 E E/W WM
Sec 5 SE 1/4 of the SE 1/4 Tax Lot 3400
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
◉ Street address of well ○ Nearest address
1475 SE CAREY FOSTER RD

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	1/29/2016			42

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 20.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
1/29/2016	20	24	30			20

(11) WELL LOG

Ground Elevation

Material	From	To
sandy top soil	0	2
brown sandy clay	2	20
gravel	20	24
brown sandy clay	24	42

Date Started 1/15/2016 Completed 1/29/2016

(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 584 Date 2/19/2016

Signed DARRELL MAPHET (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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