

**(1) LAND OWNER** Owner Well I.D. DTW-3  
 First Name JIM Last Name NEWTON  
 Company CITY OF PRINEVILLE  
 Address 387 NE 3RD ST  
 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 Thrld  
 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/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other EXPLORATORY

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 140.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
16	0	140	Bentonite Chips	0	7	28	S
						Calculated	10
			Cement	7	70	70	S
						Calculated	39

How was seal placed: Method  A  B  C  D  E  
 Other POURED DRY  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from 70 ft. to 140 ft. Material PEA GRAV 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 Thrld  
   8   2 140 .250      
 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia 16 From +  1 To 140

**(7) PERFORATIONS/SCREENS**  
 Perforations Method MACHINE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  
 Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/  
 width length slots pipe size  

Perf	Casing	8	80	140	.125	3	1824	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30	10		2

 Temperature 54 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount 120 ppm  
 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 8 NW 1/4 of the NW 1/4 Tax Lot 203  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or 44.28961111 DMS or DD  
 Long \_\_\_\_\_ " or -120.84225000 DMS or DD  
 Street address of well  Nearest address  
**EAST OF MAIN ST/CROOKED RIVER HWY \NCROOKED RIVER PARK (DTW-3)**

**(10) STATIC WATER LEVEL**  

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	2/6/2018			4

 Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES** Depth water was first found 10.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
1/19/2018	10	25	20			10
1/24/2018	70	112	20			4

**(11) WELL LOG** Ground Elevation 2876.00

Material	From	To
CLAY SAND SILT	0	9
GRAVELS LARGE	9	25
SILT GRAY CLAY	25	70
SAND GRAY	70	112
SILTY GRAY SAND	112	140

Date Started 1/19/2018 Completed 2/6/2018

**(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 1720 Date 2/16/2018  
 Signed JACK ABBAS (E-filed)  
 Contact Info (optional) \_\_\_\_\_

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 54588

2/16/2018

Map of Hole

