

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

CROO 54714

WELL I.D. LABEL# L

131548

START CARD #

1042007

2/13/2019

ORIGINAL LOG #

CROOK

50181

(1) LAND OWNER Owner Well I.D. YANCY #1
 First Name _____ Last Name _____
 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 Thrd
 Casing:

--	--	--	--	--	--	--

 Seal:

--	--	--	--	--	--	--

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other BOOM TRUCK

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

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 226.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
8	0	226				
					Calculated	
					Calculated	

How was seal placed: Method A B C D E
 Other DID NOT DISTURB

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/> 2 206 .188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type JOHNSON Material STAINLESS

Perf/ Screen	Casing/ Liner	Dia	From To	Scrn/slot width	Slot length	# of slots	Te/ pipe size
Screen	Liner	5	206 226	.008			

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

Pump Bailer Air Flowing Artesian

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

Temperature 58 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 225 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CROOK Twp 14.00 S N/S Range 16.00 E E/W WM

Sec 31 SW 1/4 of the SE 1/4 Tax Lot 6701

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street address of well Nearest address

N FAIRMONT YANCY WELL #1

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
	2/12/2019			3
Completed Well	2/12/2019			3

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 3.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Ground Elevation _____

Material	From	To
NONE	0	226

Date Started 2/12/2019 Completed 2/12/2019

(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 758 Date 2/13/2019

Signed THOMAS PECK (E-filed)

(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 2/13/2019

Signed JACK ABBAS (E-filed)

Contact Info (optional) _____