Amended 6/22/2023 9/2/2026

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

CROO 54785

7/28/2019

WELL I.D. LABEL# L XXXX 146966
START CARD # 1042929
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. DT-4
First Name _____ Last Name _____
Company CITY OF PRINEVILLE C/O TAYLOR NW
Address PO BOX 6714
City BEND State OR Zip 97708

(2) TYPE OF WORK

[X] 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

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other _____

(4) PROPOSED USE

[ ] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [X] Other MUNICIPAL

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 95.00 ft.

BORE HOLE

Dia	From	To
16	0	95

SEAL

Material	From	To	Amt	sacks/lbs
Concrete	0	5	14430	P
		Calculated	313	
Cement	5	58	70	S
		Calculated	40	

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[ ] Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 58 ft. to 95 ft. Material SAND Size 4/10
Explosives used: [ ] Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gage	Stl	Plstc	Wld	Thrd
●	○	8	[X]	2	60	30	●	○	[X]	[ ]
●	○	8	[ ]	90	95	30	●	○	[X]	[ ]
○	○		[ ]				○	○	[ ]	[ ]
○	○		[ ]				○	○	[ ]	[ ]
○	○		[ ]				○	○	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) _____
Temp casing [ ] Yes Dia 16 From +[X] 2 To 95

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type JOHNSON Material STAINLESS

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	60	90	.02			

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		90	2

Temperature 55 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below) TDS amount 285 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 201
Tax Map Number _____ Lot _____
Lat ° ' " or 44.28925000 DMS or DD
Long ° ' " or -120.84558333 DMS or DD
○ Street address of well ◉ Nearest address
CROOKED RIVER PARK- S. MAIN ST

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	7/11/2019		[ ]	6

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 11.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/3/2019	11	46	50			10
7/3/2019	58	89	100			6

(11) WELL LOG

Ground Elevation 2873.00

Material	From	To
TOP SOIL	0	2
GRAVELS SAND BROWN	2	10
GRAVELS SAND GRAY	10	32
SAND GRAY LOOSE	32	46
SILT SAND	46	52
CLAY GRAY	52	58
GRAVELS	58	83
GRAVELS SILT	83	89
CLAY GREEN	89	95
Due to huge wash outs in concrete seal interval many times more concrete was used in the seal than calculated.		

Date Started 7/3201 9 Completed 7/11/2019

(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 7/28/2019

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 7/28/2019

Signed JACK ABBAS (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: