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

CROO 54831

10/27/2019

WELL I.D. LABEL# L 135283
START CARD # 1045010
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
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

☒ 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 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
Bentonite Chips	0	2	4	S
		Calculated	3	
Cement	4	50	44	S
		Calculated	33	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☒ Other POURED DRY
Backfill placed from ft. to ft. Material
Filter pack from 50 ft. to 95 ft. Material SAND Size 10/20
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
●	○	8	☒	2	65	.250	●	○	☒	☐
●	○	8	☐	90	95	.250	●	○	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)
Temp casing ☒ Yes Dia 16 From + ☒ 1 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	65	90	.01			

(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	1

Temperature 55 °F Lab analysis ☐ Yes By
Water quality concerns? ☐ Yes (describe below) TDS amount 310 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 SW 1/4 of the NW 1/4 Tax Lot 201
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
○ Street address of well ◉ Nearest address
CROOKED RIVER PARK

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			☐	
Completed Well	9/6/2019		☐	10

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 11.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/30/2019	11	42	50		☐	10
9/3/2019	57	90	100		☐	10
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation

Material	From	To
CLAY SAND	0	8
GRAVELS SAND	8	25
SAND GRAVEL GRAY	25	43
CLAY SILT GRAY	43	57
SAND LOOSE	57	91
SILTY CLAY GRAY	91	95

Date Started 8/30/2019 Completed 9/5/2019

(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 1852 Date 10/27/2019

Signed JEB ABBAS (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 10/27/2019

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: