

(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 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 MUNICIPAL

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
Depth of Completed Well 84.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
16	0	84	Bentonite Chips	0	9	121	S
			Calculated			4	
			Cement	9	51	45	S
			Calculated			30	

How was seal placed: Method A B C D E
 Other POURED DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 51 ft. to 84 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	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/> 1 60 .250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/> 80 84 .250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia 16 From + 0.5 To 84

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type JOHNSON Material STAINLESS

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Casing	8	60	80	.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)
50		80	1

Temperature 55 °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 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 _____ 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 10/7/2019 _____ 9
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 22.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10/1/2019	22	44	30		9
10/2/2019	53	80	50		9

(11) WELL LOG Ground Elevation _____

Material	From	To
CLAY SAND BROWN	0	4
GRAVELS CLAY	4	22
SAND SILT GRAY	22	44
SAND CLAY GRAY	44	53
SILT SAND	53	80
CLAY SAND GRAY BROWN STREAKS	80	84

Date Started 10/1/2019 Completed 10/7/2019

(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 10/29/2019
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 10/29/2019
Signed JACK ABBAS (E-filed)
Contact Info (optional) _____