

STATE OF OREGON

CROO 54833

WELL I.D. LABEL# L

135282

WATER SUPPLY WELL REPORT

START CARD #

1044269

(as required by ORS 537.765 & OAR 690-205-0210)

10/29/2019

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

[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
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/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [X] Other MUNICIPAL

(5) BORE HOLE CONSTRUCTION

Special Standard [] (Attach copy)

Depth of Completed Well 85.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Rows for Concrete and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E
[] Other _____

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

Filter pack from 55 ft. to 85 ft. Material SAND Size 10/20

Explosives used: [] Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld. Includes notes on seal.

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [X] Yes Dia 16 From + [X] 1 To 85

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type JOHNSON Material STAINLESS

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrm/slot width, Slot length, # of slots, Tel/ pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row: 50, 80, 1.

Temperature 55 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below) TDS amount 275 ppm

Table with columns: 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 _____ DMS or DD
Long _____ DMS or DD
[] Street address of well [X] Nearest address

CROOKED RIVER PARK

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Row: 10/16/2019, 9.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 10.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Rows for 10/9/2019 and 10/10/2019.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Rows: SAND, GRAVELS SAND, SAND GRAVELS, SAND GRAY, CLAY SILTY SAND GRAY, SAND GRAY, CLAY SILT.

Date Started 10/9/2019

Completed 10/16/2019

(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) _____