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

CROO 55112

9/15/2021

WELL I.D. LABEL# L
START CARD # 1053606
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. TEST #2
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:									

	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 EXPLORATORY

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)
Depth of Completed Well 0.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
9	0	18					
					Calculated		
						Calculated	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY
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 11.00 Sacks Actual Amount 18.00 Sacks

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

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

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

◯ Pump ◯ Bailer ◉ Air ◯ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3		18	1

Temperature 54 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 245 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 NE 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 S MAIN ST #2

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	8/31/2021			0

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 11.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
8/31/2021	11	18	3			11

(11) WELL LOG

Ground Elevation _____

Material	From	To
GRAVELS	0	17
SILT GRAY	17	18

Date Started 8/31/2021 Completed 8/31/2021

(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 9/15/2021

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 9/15/2021

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: