

STATE OF OREGON
WATER SUPPLY WELL REPORT

CROO 55398

WELL I.D. LABEL#	L150599
START CARD #	1061073
ORIGINAL LOG #	

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

6/16/2023

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
 Company JASPER KNOLLS WATER DISTRICT
 Address 18164 SE RIDGE RD
 City PRINEVILLE State OR Zip 97754

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)
(2a) PRE-ALTERATION

Casing:

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

 Seal:

Material	From	To	Amt	sacks/lbs

(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 _____

(5) BORE HOLE CONSTRUCTIONSpecial Standard ☐ (Attach copy)

Depth of Completed Well 717.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
10	0	717	Bentonite Chips	0	162	70	S
					Calculated	68	
			Cement	162	194	12	S
					Calculated	8	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other POURED DRY

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

Filter pack from 194 ft. to 717 ft. Material PEA GRAV Size pea gravel

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2	717	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☒ Yes Dia 10 From + ☒ 1 To 19**(7) PERFORATIONS/SCREENS**

Perforations Method AIR PERF

Screens Type _____ Material _____

Perf/	Casing/ Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	400	480	.125	2	1440	
Perf	Casing	6	640	680	.125	2	720	

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
18		620	2

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 16.00 S N/S Range 17.00 E E/W WM

Sec 33 NE 1/4 of the SW 1/4 Tax Lot 2900

Tax Map Number _____ Lot _____

Lat _____ " or 44.13904730 DMS or DD

Long _____ " or -120.70169860 DMS or DD

☐ Street address of well ☒ Nearest address

BOULDER LN PRINEVILLE, OR 97754

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	6/12/2023			193

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**

Depth water was first found 337.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5/30/2023	337	680	18			193

(11) WELL LOG

Ground Elevation _____

Material	From	To
CLAYSTONE SILT BROWN	0	16
BASALT RED BROWN LAYERS	16	105
BASALT GRAY	105	117
BASALT BROWN	117	125
BASALT GRAY	125	205
CLAYSTONE GRAY	205	242
CLAYSTONE GRAINY LAYERS	242	292
CLAYSTONE GRAY	292	310
CLAYSTONE LIGHT GRAY GRAINY	310	328
CLAYSTONE BROWN	328	360
CLAYSTONE BLACK	360	371
CLAYSTONE GRAY FRACTURED LAYERS	371	440
CLAYSTONE BROWN	440	455
CLAYSTONE GRAINY LAYERS GRAY	455	615
BASALT RED GRAY FRACTURED	615	680
CLAY GRAY SOFT	680	717

Date Started 5/24/2023

Completed 6/12/2023

(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 6/14/2023

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 6/14/2023

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:

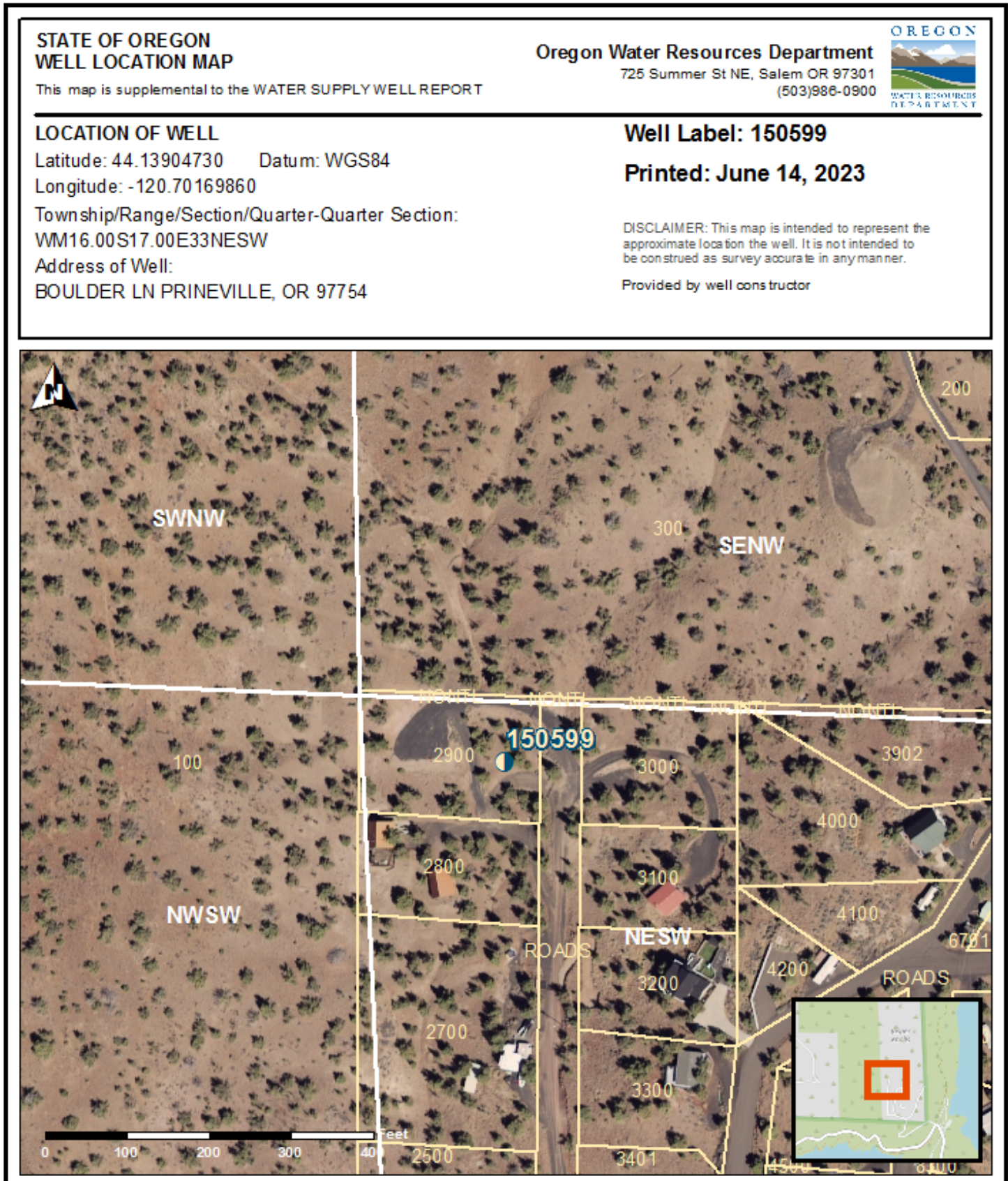
New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

CROO 55398

6/16/2023

Map of Hole



6/16/2023

Map of Hole

