Amended 2/21/2024

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

CROO 55461

2/20/2024

WELL I.D. LABEL# L 151272
START CARD # 1072691
ORIGINAL LOG # CROOK 55415

(1) LAND OWNER

Owner Well I.D.
First Name TAYLOR Last Name NW
Company US BUREAU OF REC.
Address 18500 BULL SPRINGS RD
City BEND State OR Zip 97703

(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 POUND & POUR

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commericial ☐ Livestock ☒ Dewatering
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION

Special Standard ☒ (Attach copy)
Depth of Completed Well _____ ft.

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

Seal placement method ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: NOT DISTURBED
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Type _____ Amount _____
Seal Placement Begin Date 1/31/2024 Begin Time 10 55

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount 43.00 Sacks Actual Amount 41.50 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)

Temperature 60 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 270 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 5 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat ___ ° ___ ' ___ " or 44.30488000 DMS or DD
Long ___ ° ___ ' ___ " or -120.82739000 DMS or DD
◯ Street address of well ◉ Nearest address
CORNER OF NE COMBS FLAT RD & NE LAUGHLIN RD PRINEVILLE #4

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	1/31/2024			7
Completed Well				

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Ground Elevation _____

Material	From	To

Construction
Begin Date 1/31/2024 Begin Time 10 55 End Date 1/31/2024

(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 2/20/2024
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 2/20/2024
Signed JACK ABBAS (E-filed)
Contact Info (optional) JACK ABBAS

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 - continuation page

CROO 55461

2/20/2024

WELL I.D. LABEL# L 151272

START CARD # 1072691

ORIGINAL LOG # CROOK 55415

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

BORE HOLE Dia	From	To

SEAL Material	From	To	Amt	sacks/lbs
		Calculated		
		Calculated		
		Calculated		
		Calculated		

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

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

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)

(11) WELL LOG

Material	From	To

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name	Type	#

Comments/Remarks

CUT CASING OFF AT 5' BELOW LAND SURFACE