

STATE OF OREGON
WATER SUPPLY WELL REPORT

CROO 55677

WELL I.D. LABEL# L

155104

START CARD #

1078041

ORIGINAL LOG #

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

6/25/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name JOE & DIANE Last Name MARSHALL & JOSEPH

Company _____

Address 11712 SE DAVIS LP #8City 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

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 _____**(5) BORE HOLE CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 690.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	18.5	Bentonite Chips	0	18.5	14	S
8	18.5	690			Calculated	10.49	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED IN DRY

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 6/16/2025 Begin Time 10 00**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	8	☒	1.5	18.5	0.250	ST	☒			
L	6		9	690	0.188	ST	☒			

Temp casing ☐ Yes Dia _____ From + ☐ _____ To _____**(7) PERFORATIONS/SCREENS**Perforations Method Factory

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		6	650	690	.13	3	480	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	18		690	2

Temperature 64 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 120 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CROOK Twp 16.00 S N/S Range 16.00 E E/W WMSec 23 SE 1/4 of the SE 1/4 Tax Lot 5600

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.16191500 DMS or DD

Long _____ ° _____ ' _____ " or -120.76921500 DMS or DD

☒ Street address of well ☐ Nearest address

REMINGTON & WINCHESTER

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	6/20/2025			550

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 580.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
6/20/2025	580	690	18			550

(11) WELL LOGGround Elevation 4150.54 FT

Material	From	To
Top Soil	0	1
Tan Clay Stone	1	6
Hard Grey Basalt	6	25
Med Hard Grey Basalt W/ Tan Clay Stone	25	40
Hard Grey Basalt	40	52
Hard Grey Basalt W/ Tan Clay Stone	52	68
Hard Grey Basalt	68	206
Hard Grey Basalt W/ Tan Clay Stone	206	454
Hard Grey Basalt	454	580
Hard Grey Basalt W/ Quartz Seams	580	590
Hard Grey Basalt	590	670
Hard Grey Basalt W/ Brown Clay Stone	670	690

Construction

Begin Date 6/16/2025 Begin Time 08 00 End Date 6/20/2025**(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 _____ Date _____

Signed _____

(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 1583 Date 6/25/2025Signed DAVID SCHLICHTING (E-filed)Drilling Company: D&D Well Drilling, LLC

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

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6/25/2025

Map of Hole

