

STATE OF OREGON
WATER SUPPLY WELL REPORT

CROO 55692

WELL I.D. LABEL# L

155106

START CARD #

1078943

ORIGINAL LOG #

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

9/8/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name JUSTINLast Name PIERCE

Company _____

Address 15900 SE WINCHESTER LPCity 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 610.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
12	0	18	Bentonite Chips	0	18	14	S	
8	18	610			Calculated	10.21		
					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 8/18/2025 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	☒	2	18	0.250	ST	☒			
L	6		8	610	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	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		6	570	610	.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		610	2

Temperature 66 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 137 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 24 SW 1/4 of the SW 1/4 Tax Lot 3700

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.16262220 DMS or DD

Long _____ ° _____ ' _____ " or -120.76730157 DMS or DD

☒ Street address of well ☐ Nearest address15900 SE WINCHESTER LP, PRINEVILLE, OR 97754**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/21/2025			539
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 570.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/21/2025	570	600	18			537

(11) WELL LOGGround Elevation 4167.79 FT

Material	From	To
Yellow Clay Stone W/ Rocks	0	4
Hard Grey Basalt	4	71
Med Hard Gery Basalt W/ Tan Clay Stone Seams	71	100
Hard Grey Basalt	100	241
Med Hard Grey Basalt W/ Brown Basalt Seams	241	475
Hard Grey Basalt	475	501
Hard Grey Basalt W/ Brown Basalt Seams	501	530
Hard Grey Basalt	530	590
Hard Grey Basalt W/ Brown Basalt Seams	590	600
Hard Grey Basalt	600	610

Construction

Begin Date 8/18/2025 Begin Time 08 00 End Date 8/21/2025**(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 9/8/2025Signed 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

CROO 55692

9/8/2025

Map of Hole

