

STATE OF OREGON
WATER SUPPLY WELL REPORT

CROO 55788

WELL I.D. LABEL# L159808

START CARD # 1082032

ORIGINAL LOG #

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

6/10/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name DUSTIN & ANALISA Last Name MOYES

Company _____

Address 14763 SE WASCO 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
☐ 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 532.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
12	0	18.5	Bentonite	0	18.5	14	S	
8	18.5	532			Calculated	10.49		
					Calculated			

Seal placement 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: ☐ Type _____ Amount _____Seal Placement Begin Date 5/11/2026 Begin Time 10 50**(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		0	490	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	490	532	.125	3	640	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	15		532	1

Temperature 60 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 128 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 22 SE 1/4 of the NE 1/4 Tax Lot 5200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.16820900 DMS or DD

Long _____ ° _____ ' _____ " or -120.79399000 DMS or DD

☒ Street address of well ☐ Nearest address14763 SE WASCO RD. PRINEVILLE OR 97754**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	5/16/2026			444

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 444.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5/16/2026	444	532	15			444

(11) WELL LOGGround Elevation 3788.69 FT

Material	From	To
Top Soil	0	1
Broken Rock	1	2
Grey Basalt	2	4
Broken Rock	4	6
Grey Basalt	6	12
Brown Clay Stone	12	13
Grey Basalt	13	32
No Returns/No cuttings	32	150
Redish Cinders	150	163
No Returns/No cuttings	163	532

Construction

Begin Date 5/11/2026 Begin Time 07 00 End Date 5/16/2026**(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 2076 Date 6/10/2026Signed GLENN DAVIS (E-filed)Drilling Company: Edge 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.

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

Material	From	To	Amt	sacks/lbs

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

[illegible]

(7) PERFORATIONS/SCREENS

[illegible]

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

[illegible]

(11) WELL LOG

[illegible]

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

Assistant Name	Type	#

Comments/Remarks

15 yards sand grout 91' - 22' 4 yards sand grout 150' - 56'

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

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6/10/2026

Map of Hole

