

STATE OF OREGON
WATER SUPPLY WELL REPORT

CROO 55805

WELL I.D. LABEL# L

160440

START CARD #

1082688

ORIGINAL LOG #

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

8/3/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name BRANDON B & TIFFANY Last Name BENAWAY

Company _____

Address 441 NW PINECREST DRCity 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 CONSTRUCTION**Special Standard ☐ (Attach copy)Depth of Completed Well 689.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs	
12	0	18.5	Bentonite	0	18.5	11	S	
8	18.5	689			Calculated	10.49		
					Calculated			

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

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

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

Explosives used: ☐ Type _____ Amount _____Seal Placement Begin Date 7/22/2026 Begin Time 19 45**(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	689	0.188	ST	☒			

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

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		6	639	679	.125	2.5	608	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	35		684	1

Temperature 72 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 145 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County CROOK Twp 14.00 S N/S Range 15.00 E E/W WMSec 34 SW 1/4 of the SW 1/4 Tax Lot 1200

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.30617000 DMS or DD

Long _____ ° _____ ' _____ " or -120.92436000 DMS or DD

☒ Street address of well ☐ Nearest address441 NW PINECREST DR, PRINEVILLE, OR 97754**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/28/2026			501

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 653.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/28/2026	653	678	35			501

(11) WELL LOGGround Elevation 3337.20 FT

Material	From	To
Gray basalt - hard	0	21
Basalt - broken & brown clay	21	78
Brown sandstone congl	78	83
Gray fractured rock & gray clay	83	110
Brown clay congl - sandy	110	208
Burnt orange sandy clay	208	341
Brown claystone	341	359
Basalt - hard	359	379
Basalt - fractured & brown clay fractures	379	423
Brown congl	423	431
Gray claystone	431	439
Brown claystone	439	511
Gray claystone congl cemented	511	579
Gray clay	579	653
Choppy claystone	653	678
Hard gray/ black clay	678	686
Soft Clay Stone black	686	689

Construction

Begin Date 7/22/2026 Begin Time 15 40 End Date 7/28/2026**(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 2069 Date 7/29/2026Signed MEGAN NOBLITT (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 1970 Date 8/3/2026Signed NEIL FAGEN (E-filed)Drilling Company: 541-548-1245

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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8/3/2026

Map of Hole

