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STATE OF OREGON WATER RESOURCES DEPT.
WATER WELL REPORT SALEM, OREGON
(as required by ORS 537.765)

(START CARD) #

(1) OWNER:

Name Donald T. Stensland Well Number: 0135
Address P.O. Box 693
City Willsonville State OR Zip 97070

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 275 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12'	0	45	Cement	0	45	2 yards
6	45	275				

How was seal placed: Method A B C D E

Other Tramie pipe

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
6"	41	190	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: _____							

Final location of sheets) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method Cutting torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Liner
180	190	1/16 x 6	150	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
48	20'		1 hr.

Temperature of water 60 Depth Artesian Flow Found _____

Was a water analysis done? Yes By whom _____

Did any strata contain water not suitable for intended use? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County Crook Latitude _____ Longitude _____
Township 15 N or S Range 16 E or W, WM.
Section 4 NE 1/4 NE 1/4
Tax Lot 2600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 300 E. 3rd St. Prineville, Or, 97754

(10) STATIC WATER LEVEL:

35 ft. below land surface. Date 10-11-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 180

From	To	Estimated Flow Rate	SWL
180	275	120 GPM	35

(12) WELL LOG:

Material	From	To	SWL
Top soil	0	5	
Brown Clay	5	20	
Sand + Gravel	20	30	
Soft Clay	30	180	
Gravel	180	190	35'
Red Clay	190	250	35'
Shale	250	275	35'

Date started 10-2-90 Completed 10-11-90

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Archie Log WWC Number 444
Date 10-11-90