JEFF 50732

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 34656
START CARD # 131786

(1) OWNER: Well Number 4/9
Name STAFFORD RANCHES
Address 1110 NE LAUGHLIN ROAD
City PRINEVILLE State OR Zip 97754

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
[ ] Other

(4) PROPOSED USE:
[ ] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [X] Other TEST HOLE

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 424 ft.
Explosives used [ ] Yes [X] No Type – Amount –

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
21	0	18	BENTONITE	0	18	32 SACKS
16	18	424				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED DOWN DRY
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
Casing:	16	+1.5	18.5	250	[X]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:	14	+1.5	285	188	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) NO SHOE USED

(7) PERFORATIONS/SCREENS:
[X] Perforations Method MACHINE CUT
[ ] Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
85	285	x3	5320	14	–	[ ]	[X]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1500	0	422	1 hr.

Temperature of water 56° 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 JEFFERSON Latitude ____ Longitude ____
Township 13 N or [X] Range 13 [X] or W. WM.
Section 11 S E 1/4 N E 1/4
Tax Lot 500 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) ____
OFF SPRINGER ROAD, CULVER

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 9/14/01
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	440	1800 + GPM	44

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
TOP SOIL	0	3	
YELLOW CLAYSTONE CONG.	3	30	
BROWN CLAYSTONE CONG.	30	95	
GREY CLAYSTONE CONG.	95	120	
LIGHT BLUE CONG.	120	170	
BROKEN DARK BLUE BASALT	170	440	44
BLUE CLAY	440	450	

RECEIVED
OCT 0 4 2001
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9/6/01 Completed 9/14/01

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
WWC Number ____
Signed ____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1556
Signed ____ Date 9/27/01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER