

STATE OF OREGON  
**WATER SUPPLY WELL REPORT**  
 (as required by ORS 537.765 & OAR 690-205-0210)

**CROO 54145**  
**6/16/2014**

WELL I.D. LABEL# L 108764  
 START CARD # 1023343  
 ORIGINAL LOG #

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name MELISSA Last Name HERZ  
 Company \_\_\_\_\_  
 Address PO BOX 110  
 City POWELL BUTTE State OR Zip 97753

**(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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 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 CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 630.00 ft.  
**BORE HOLE**

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	18	Bentonite Chips	0	18	12	S
8	18	630					

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(5a) ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Actual Amount \_\_\_\_\_

**(6) CASING/LINER**  

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	4	630	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method Factory  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf/Screen	Casing/Liner	Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/pipe size
		6	610	630	.125	3	336	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15		625	1

 Temperature 61 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount \_\_\_\_\_  

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County CROOK Twp 16.00 S N/S Range 14.00 E E/W WM  
 Sec 30 NE 1/4 of the SE 1/4 Tax Lot 600  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
16264 SW MAJESTIC VIEW LANE POWELL BUTTE OR 97753

**(10) STATIC WATER LEVEL**  

Existing Well / Pre-Alteration	Date	SWL (psi)	+ SWL (ft)
Completed Well			543

 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 548.00  

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

**(11) WELL LOG** Ground Elevation \_\_\_\_\_  

Material	From	To
did not do	0	290
Broken red cinder no returns	290	303
basalt	303	374
Brown SS	374	521
lave no returns	521	548
WB Broken lava	548	630

 Date Started 5/26/2014 Complete 5/27/2014

**(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 1255 Date 6/16/2014  
 Signed WILLIAM DOUG AIKEN (E-filed)  
 Contact Info (optional) Doug Aiken 1255

