

NOTICE TO WATER WELL CONTRACTOR
The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON
within 30 days from the date
of well completion.

RECEIVED
WATER WELL REPORT
AUG 27 1968
STATE OF OREGON
STATE ENGINEER
SALEM, OREGON

DESC 2386

Old Well

State Well No. 14/13-16 D
State Permit No.

(1) OWNER:

Name Junston Livingston
Address Redmond Oregon

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Cable Dug
Driven Jetted Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
6" Diam. from -1 ft. to 20 ft. Gage 250
" Diam. from _____ ft. to _____ ft. Gage _____
" Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? Yes No.
Type of perforator used _____
Size of perforations in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) WATER LEVEL: Completed well.

Static level 150 ft. below land surface Date 8-15-68
Artesian pressure _____ lbs. per square inch Date _____

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Flow: _____ gal./min. with _____ ft. drawdown after _____ hrs.

Bailer test approx 20 gal./min. with 0 ft. drawdown after 1 hrs.
Artesian flow _____ g.p.m. Date _____
Temperature of water 54 Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used Portland cement cuttings
Depth of seal 20 feet ft.
Diameter of well bore to bottom of seal 10 in.
Were any loose strata cemented off? Yes No Depth _____
Was a drive shoe used? Yes No
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(11) LOCATION OF WELL:

County Deschutes Driller's well number _____
NW 1/4 NW 1/4 Section 16 T. 14 S. R. 13 E W.M.
Bearing and distance from section or subdivision corner 1021 feet
south east of NW corner section along
Cherry Bridge road approx 150
feet north

(12) WELL LOG:

Diameter of well below casing 8"
Depth drilled 180 ft. Depth of completed well 180 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
BROWN SANDY SOIL	0	5	
RED SOFT SANDSTONE	5	13	
GREY HARD ROCK	13	55	
BROWN SOFT SANDSTONE	55	85	
GREY HARD SANDSTONE	85	122	
BROWN SOFT SANDSTONE	122	155	
COURSE BLACK SAND			
(WATER BEARING)	155	178	
HARD GREY ROCK	178	180	

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SALEM, OREGON

Work started 8-8 1968 Completed 8-15 1968
Date well drilling machine moved off of well 8-15 1968

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] W. Crawford Date 8-25, 1968
(Drilling Machine Operator)

Drilling Machine Operator's License No. 440

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME CRAWFORD WELL DRILLING
(Person, firm or corporation) (Type or print)

Address Box 17 TERREBONNE ORE

[Signed] W. Crawford
(Water Well Contractor)

Contractor's License No. 451 Date 8-25, 1968

T 10735

WELL LABEL # L 96140
 START CARD # 1003414

(1) LAND OWNER Owner Well I.D. _____
 First Name TERRY Last Name REYNOLDS
 Company _____
 Address 1515 LOWERBRIDGE WAY
 City TERREBONNE State OR Zip 97760

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(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 350.00 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	350					

How was seal placed: 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: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8	1.5	18.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6	10	350	.188	<input 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 _____
 Screens Type _____ Material _____

Per/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
creen	Liner	Dia	From	To	width	length	slots	pipe size

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

Pump Bailer Air Flowing Artesian

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

Temperature 54 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Deschutes Twp 14.00 S N/S Range 13.00 E E/W WM
 Sec 16 NW 1/4 of the NE 1/4 Tax Lot 107
 Tax Map Number _____ Lot _____
 Lat _____ or _____ DMS or DD
 Long _____ or _____ DMS or DD
 Street address of well Nearest address

1515 LOWER BRIDGE WAY

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	SWL(ft)
Completed Well	<u>05-06-2008</u>		<u>180</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 180

SWL Date	From	To	Est Flow	SWL(psi)	SWL(ft)
<u>05-06-2008</u>	<u>180</u>	<u>187</u>	<u>15</u>		<u>180</u>
<u>05-06-2008</u>	<u>302</u>	<u>350</u>	<u>40</u>		<u>180</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY BROWN PUMICE	0	4
GRAY BASALT	4	55
BROWN SANDSTONE	55	80
GRAY BASALT	80	105
BROWN SANDSTONE	105	172
LAVA W/CLAYSTONE LAYERS	172	180
BROKEN LAVA WATER BEARING	180	187
FRACTURED BASALT GRAY	187	226
FRACTURED BASALT W/ CLAYSTONE LAYERS	226	245
FRACTURED BASALT GRAY	245	302
BROWN CONGLOMERATE WATER BEARING	302	350

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 SALEM, OREGON

Date Started 05-05-2008 Completed 05-06-2008

(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 1831 Date 05-08-2008
 Electronically Filed
 Signed ALLEN R. PECK (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 1720 Date 05-08-2008
 Electronically Filed
 Signed JACK ABBAS (E-filed)
 Contact Info (optional)

1 10738

05-08-2008

START CARD # 1003414

(5) BORE HOLE CONSTRUCTION

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
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(7) PERFORATIONS/SCREENS

Perf/S creen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
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(11) WELL LOG

Material	From	To

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Comments/Remarks

THIS WELL REPLACES DESCH # 2386