

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

DESC 798

RECEIVED

15/15E/30 CC

MAR 11 1991

Page 1 of 2

(START CARD) # 27915

(1) **OWNER:** Name Ray L. Curry Well Number: _____
 Address 67252 Gist Rd
 City Bend, Or State _____ Zip 97701

(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 392 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
15"	0 50	T/3 P/Cement	0 50'	40
10"	50 392			

How was seal placed: Method A B C D E
 Other Pumped down w/trimmie

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: 10"	+2	50'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets: _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 100 Drawdown 0 Drill stem at 385' Time 1 hr.

Temperature of water 54 Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom RECEIVED
 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 Deschutes Latitude _____ Longitude _____
 Township 15 N. Range 11 E. W. WM.
 Section 30CC SW SW
 Tax Lot 3000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 67252 Gist Rd
Bend

(10) **STATIC WATER LEVEL:**
 291 _____ ft. below land surface. Date 3/5/91
 Artesian pressure 0 lb. per square inch. Date 3/5/91

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 291

From	To	Estimated Flow Rate	SWL
291	392		291

(12) **WELL LOG:** Ground elevation _____

Material	From	To	SWL
Medium Gravel	0	37	
Broken Gray Basalt	37	42	
Medium Gray Basalt	42	56	
Broken Basalt	56	86	
Hard Gray Basalt	86	117	
Brown Sandstone	117	124	
Hard Gray Basalt	124	127	
Reddish Brown Sandstone	127	155	
w/Clay (Course)			
Hard Gray Basalt	155	157	
Hard Brown Basalt	157	208	
Orange Sandstone	208	216	
Course Gravel & Conglomerate	216	220	
Red Cinders (Fine)	220	228	
Course Gravel	228	242	
Medium Gray Basalt	242	257	
Red Cinders & Brk Basalt	257	268	
Hard Gray Basalt	268	322	
Red Cinders & Conglomerate	322	339	
Hard Gray Basalt	339	363	
Medium Gravel	363	380	
See page 2			

Date started 2/26/91 Completed 3/5/91

(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 Robert Buckner WWC Number 1385
 Date 3/6/91

(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 Robert Buckner WWC Number 1385
 Date 3/6/91

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

DESC 57147

DESC

Received Date: 11-29-2005

Well ID Tag # L 79416

Start Card # 177251

Instructions for completing this report are on the last page of this form.

(1) Owner Well Number: _____
 Name: **TERRY WALKER**
 Street: **2600 DAY ROAD**
 City: **GILROY** State: **CA** Zip Code: **95020**

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: **370.00 ft.**
 Explosives Used: Amount: _____ Type: _____

Hole			Seal			
Diameter	From	To	Mtrl	From	To	Sacks/lbs
12.00	0.00	49.00	BC	0.00	49.00	38
8.00	49.00	370.00				

How was seal placed? _____ Other: **POURED DRY**
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	2.00	49.00	.250	S	X			
L	6.00	-10.00	370.00	.188	S	X			

(7) Perforation / Screens

Perforations: _____ Csng/
 Mtrl From To Width Height #Slots Dia. t/pSize Lnr Method

S	350.00	370.00	0.13	3.00	228	6.00		L	MACHINE
---	--------	--------	------	------	-----	------	--	---	---------

Screens: _____
 Mtrl From To S Size #Slots Dia. t/pSize Type Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	30.00	G		370.00	1.00

Temperature of Water: **53 F**
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: **DESC** Latitude: **44°14'13"** Longitude: **121°28'17"**
 Township: **16.00 S** Range: **11.00 E**
 Section: **30 NWSW** Lot: _____ Block: _____
 Tax Lot: **2800** Subdivision: _____
 Street Address of Well (or nearest address):
67300 GIST ROAD
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: **290.0** Date: **11 / 16 / 2005**
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones

Depth at which water was first found: **330.00 ft.**

From	To	est Flow	swl
330.00	370.00	30.00	290

(12) Well Log Ground Elevation: **3163 ft.**

Material	From	To	swl
SAND PUMICE	0.00	2.00	
SAND GRAVELS	2.00	38.00	
LAVA	38.00	73.00	
BASALT CLAY SEAMS	73.00	92.00	
LAVA GRAY	92.00	102.00	
CINDERS	102.00	106.00	
BASALT	106.00	115.00	
LAVA GRAY HARD	115.00	146.00	
CONGLOMERATE	146.00	166.00	
LAVA BROKEN	166.00	192.00	
CINDERS CONGLOMERATE	192.00	210.00	
LAVA FRACTURED HARD	210.00	235.00	
CINDERS	235.00	250.00	
SANDSTONE	250.00	255.00	
BASALT BROKEN	255.00	275.00	
LAVA FRACTURED HARD	275.00	286.00	
CONGLOMERATE	286.00	295.00	
LAVA	295.00	312.00	
BASALT CLAY SEAMS	312.00	362.00	290
LAVA FRACTURED	362.00	368.00	290
CONGLOMERATE	368.00	370.00	
2 YRDS SAND GROUT	10.00	33.00	
2 1/2 YRDS SAND GROUT	40.00	250.00	

Date Started: **11 / 14 / 2005** Date Completed: **11 / 16 / 2005**

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform 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 the best knowledge and belief.
 Signed by: **THOMAS R PECK** WWC #: **758**

(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 by: **JACK ABBAS** WWC #: **1720**

1 10927

RECEIVED

JUN 30 2009

WATER RESOURCES DEPT
 SALEM, OREGON