

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

**CLAC**  
**01857**

MAY 15 1989

*8/12/5dc*

(1) **OWNER:** Well Number: \_\_\_\_\_  
 Name Rippling River Resort  
 Address \_\_\_\_\_  
 City Welches State OR Zip 97067

(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 217 ft.  
 Yes No    
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
16	0 32	volclay	21 32	14 sacks	
		cement	0 21	25 sacks	

How was seal placed: Method  A  B  C  D  E pumped  
 Other \_\_\_\_\_  
 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: 12"	+1	177	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	167	177	.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 shoe(s) \_\_\_\_\_

(7) **PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type Howard Material stainless

From	To	Slot size	Smith Number	Smith Diameter	Tele/pipe size	Casing	Liner
177	217	.30			10" tele	<input 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
250	70		48 hrs.

Temperature of water \_\_\_\_\_ 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 Clack Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 3S N or S, Range 7E E or W, WM.  
 Section 5 SW 1/4 SE 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(10) **STATIC WATER LEVEL:**  
 \_\_\_\_\_ 70 \_\_\_\_\_ ft. below land surface. Date 5-2-89  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
43	53	10	25
69	87	50	40
147	217	250	70

(12) **WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Sandy soil gravels	0	7	
Broken rock cobbles	7	12	
Gravelly rubble volcanic	12	21	
Fractured rubble	21	30	
Gravels loose	30	37	
Basaltic rubble large	37	55	25
Gravel grey red	55	69	
Gravel loose grey	69	83	40
Gravels loose	83	87	40
Gravels large	87	113	
Gravel yellow with clay	113	122	
Gravels	122	145	
Gravels with wood	145	147	
Gravels	147	217	70

Date started 4-24-89 Completed 5-2-89

(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 Duncan B. Stadelis WWC Number 1358  
 Date 5-8-89

(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 [Signature] WWC Number 723  
 Date 5-8-89