

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

*Handwritten:* CROOK 3146

MAR - 9 1995

*Handwritten:* 15S/14E/11ca  
69407

WATER RESOURCES DEPT. (START CARD) # 69407  
OREGON

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

(1) OWNER: Well Number \_\_\_\_\_  
Name kerri Wallace  
Address 22580 Martec Lane  
City Bend State Ore. Zip 97701

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

(3) DRILL METHOD:  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other \_\_\_\_\_

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well 150 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
12	0	18 1/2 Bentonite	0	18 1/2	12
8	18 1/2	150			

How was seal placed: Method  A  B  C  D  E  
 Other Poured in 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: 8	+1 1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-8	150	188	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method Factory  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
110	130	8x3	256	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20	0	145	1 hr

Temperature of water 55° 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 Crook Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 15 N or S Range 14 E or W. WM. 14  
Section 11 1/4 N.E. 1/4 SW. 1/4  
Tax Lot 109 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Houston Lake Rd. Powell Butte

(10) STATIC WATER LEVEL:  
66' ft. below land surface. Date 2-28-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 79

From	To	Estimated Flow Rate	SWL
79	120	20	66

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Lava	0	79	66
W. B. Broken Lava	79	120	
Lava	120	130	
Brown sand stone	130	150	

Date started 2-27-95 Completed 2-28-95

(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.  
Signed \_\_\_\_\_ WWC Number \_\_\_\_\_ 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.  
Signed Doug Siken WWC Number 1255 Date 12-28-95