RECEIVED DEC 30 1991 WATER RESOURCES DEPT SALEM, OREGON

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C800 325

15S/15E/20CC

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

WATER (START CARD) # 37488

(1) OWNER:
Well Number #2

Name Joe Waibel

Address Rt 1 Box 318

City Powell Butte State Or Zip 97753

(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 ____ ft.

Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ 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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	10"	0	864'	.250	☒	☐	☒	☐
			2"		☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☒ Perforations Method FActory & Mills Knife

☐ Screens Type ____ Material ____

	From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
MK	700	720		80	10"	1	☐	☒
MK	620	635		60	10"		☐	☒
							☐	☐
Fac	804	864	1/8	1200	10"		☐	☒
			x3"				☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
175	430'		5 Xhr.

Temperature of Water 110 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 15S N or S. Range 15E E or W. WM.

Section 20 SW ¼ SW ¼

Tax Lot ____ Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
370 ft. below land surface. Date ____

Artesian pressure ____ lb. per square inch. Date ____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground elevation ____

Material	From	To	SWL

Date started 9/18/91 Completed 11/12/91

(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 [signature] 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1385

Signed Robert Buckner Date 11-12-91

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91