

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

WELL I.D. # L 38650
START CARD # 129183

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

(1) OWNER: Well Number _____
Name DENNIS WOLF
Address 7700 STILLMAN RD.
City POWELL BUTTE State OR Zip _____

(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 400 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE SEAL
Diameter From To Material From To Sacks or pounds
12" 0 18 Bentonite 0 18 12
8" 18 400 _____ _____ _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other POURED 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 12 18 250 ☒ ☐ ☐ ☐
Liner: -0- _____ _____ _____ ☐ ☐ ☐ ☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method -0-
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
20 Complete 390 (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 15S N or S Range 15E E or W. WM.
Section 32 SE 1/4 NW 1/4
Tax Lot 3109 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:

210 ft. below land surface. Date 8-17-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 260'

From	To	Estimated Flow Rate	SWL
<u>260</u>	<u>265</u>	<u>20</u>	<u>210</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>2</u>	
<u>BROKEN ROCK & CLAY</u>	<u>2</u>	<u>6</u>	
<u>BASALT</u>	<u>6</u>	<u>92</u>	
<u>SOFT BLACK BASALT</u>	<u>92</u>	<u>168</u>	
<u>HARD BASALT</u>	<u>168</u>	<u>260</u>	<u>210'</u>
<u>FRACTURED BASALT</u>	<u>260</u>	<u>265</u>	"
<u>BLACK VICILLAR BASALT</u>	<u>265</u>	<u>355</u>	"
<u>GRAY CLAYSTONE</u>	<u>355</u>	<u>400</u>	"

RECEIVED

SEP 25 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-17-00 Completed 8-18-00

(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.

WWC Number _____

Signed _____ 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.

WWC Number 1557

Signed Bart W... Date 8-19-00