## CRB0053942

12-07-2011



STATE OF OREGON WATER SUPPLY WELL REPORT

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(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 108445

**START CARD #** 1015437

(1) LAND OWNER Owner Well I.D.		
	(9) LOCATION OF WELL (legal description)	
First Name GLEN Last Name FESSLER	County Crook Twp 12.00 S N/S Range 1	5.00 E E/W WM
Company	Sec $27$ SW 1/4 of the <u>NE</u> 1/4 Tax La	ot 2400
Address 10965 SE GRIZZLY RD City MADRAS State OR Zip 97741	Tax Map Number Lot	DMS or DD
	Tax Map Number         Lot           Lat         44         30         2.000         or         44.50055556	DMS or DD DMS or DD
(2) TYPE OF WORK New Well Deepening Conversion	$\boxed{\begin{array}{c} \text{Long } -120 \\ \text{ Street address of well } \end{array}} \xrightarrow{\text{O-000}} \operatorname{O-120.916666667} \\ \text{ Nearest address } \xrightarrow{\text{O-000}} \operatorname{O-120.916666667} \\ \{O-000} \operatorname{O-120.91666667} \\ \{O-000} \\ \{O-000} \\ \operatorname{O-000} \\ \{O-000} \\ \$	
Alteration (repair/recondition)	10965 SE GRIZZLY RD	
(3) DRILL METHOD	MADRAS, OR 97741	
Rotary Air Rotary Mud Cable Auger Cable Mud		
Reverse Rotary Other	(10) STATIC WATER LEVEL Date SWL(psi)	+ SWL(ft)
(4) PROPOSED USE Domestic Irrigation Community	Existing Well / Predeepening	
(4) <b>PROPOSED USE</b> Domestic Infigation Community	Completed Well 12-05-2011	10.5
	Flowing Artesian? Dry Hole?	
Thermal Injection Other	WATER BEARING ZONES Depth water was first for	
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy		
Depth of Completed Well $416.00$ ft.	11-29-2011 14 20 5 11-30-2011 290 320 50	9
BORE HOLE SEAL sacks/ Dia From To Material From To Amt Ibs	11-30-2011 290 320 50 12-05-2011 360 390 100	10.5
12         0         38.5         Bentonite Chips         0         22         50         S		
8 38.5 416 Cement 22 38.5 35 S		
	(11) WELL LOG Ground Elevation 2 (40	
	Ground Elevation 3,648	
How was seal placed: Method $\square A \square B \boxtimes C \square D \square E$	Clay Brown 0	
Other Poured Dry           Backfill placed from         ft. to         ft. Material	Gravels Clay Brown 0 0 14	
Backfill placed from         ft. to         ft. Material           Filter pack from         ft. to         ft. Material         Size	Shale Rock Broken 20	
Explosives used: Ves Type Amount	Basalt Gray 30	80
	Basalt Decomposed 80	
(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plste Wld Thrd	Basalt Gray 86 Basalt Brown 120	
	Basalt Brown 120 Basalt Claystone Layers 130	
	Basalt Hard 170	
	Basalt Medium Hard Light Gray 270	0 290
	Basalt Broken Layers         290           Basalt Fractured Layers Dark Gray         320	
	Basalt Fractured Layers Dark Gray 320 Basalt GramPress Fractured Layers 360	
Shoe Inside Outside Other Location of shoe(s)	RECEIVED	410
Temp casing Yes Dia From To		
(7) PERFORATIONS/SCREENS	MAR U 9 2012	
Perforations Method		
Screens Type Material	WATER RESOURCES DEPT	
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/	JALEM OREGON	
creen Liner Dia From To width length slots pipe size		
	(unbonded) Water Well Constructor Certification	
	I certify that the work I performed on the construction, dee abandonment of this well is in compliance with Oregon	
	construction standards. Materials used and information repo	
	the best of my knowledge and belief.	
(8) WELL TESTS: Minimum testing time is 1 hour	License Number Date Date	1
Pump Bailer Air Flowing Artesian	Electronically Filed	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed THOMAS R PECK (E-filed)	
200 400 2	(bonded) Water Well Constructor Certification	
	I accept responsibility for the construction, deepening, 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	
Temperature <u>51</u> °F Lab analysis Yes By	51 construction standards. This report is true to the best of my knowledge and belief	
Water quality concerns? Yes (describe below)	•	
	S License Number <u>1720</u> Date <u>12-07-2011</u> Electronically Filed	
	Signed JACK ABBAS (E-filed)	
	Contact Info (optional)	_

ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK