

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

WATER RESOURCES DEPT. (START CARD) #
SALEM, OREGON

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

(1) OWNER:

Well Number _____

Name Steve Greer
Address 64149 Harris Way
City Bend State Or. 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 840 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	10
8"	18 1/2	840				

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"	0	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-10	840	188	<input checked="" type="checkbox"/>	<input 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
800	840	5x3	512	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

<input type="checkbox"/> Pump Yield gal/min	<input type="checkbox"/> Bailer Drawdown	<input checked="" type="checkbox"/> Air Drill stem at	<input type="checkbox"/> Flowing Artesian Time
25	0	835	1 min

Temperature of water 52.0 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 Deschutes Latitude _____ Longitude _____
Township 17 N or S Range 12 E or W. WM.
Section 4 1/4 _____ 1/4 _____
Tax Lot 00510 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 64149 Harris Rd
Bend, Ore.

(10) STATIC WATER LEVEL:

704 ft. below land surface. Date 7-10-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 761

From	To	Estimated Flow Rate	SWL
761	840	25	704

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Boulders & Sand	1	12	
Lava	12	169	
Cinder Congl.	169	178	
Lava	178	224	
Cinder Congl.	224	230	
Lava	230	270	
Brown sand stone	270	305	
Lava	305	354	
Brown Congl.	354	407	
Lava	407	468	
Black Basalt	468	510	
Brown sand stone	510	603	
Lava	603	616	
Brown Congl.	616	628	
Lava	628	659	
Red cinders	659	681	
Lava	681	708	
Brown sand stone	708	761	
W.B. Brown sand sto.	761	840	

Date started 7-4-95 Completed 7-10-95

(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. Helper

Signed Jeff Randall WWC Number _____ Date 7-10-95

(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 Helm WWC Number 1255 Date 7-10-95