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165/12E/31CA

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

WATER RESOURCES DEPT.

(START CARD) # 80383

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

(1) OWNER: Well Number 1  
Name SCOTT DAHLEN  
Address 65456 SWALLEY RD  
City BEAD 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 210 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL					
Diameter	From To	Material	From To	Sacks or pounds			
12	0 36	GRANITE	0 36	46 SACKS			
8	36 210						

How was seal placed: Method  A  B  C  D  E  
 Other POURED DOWN GRY  
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	+2	36	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	10	210	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NO SHOE USED

(7) PERFORATIONS/SCREENS:

Perforations Method MACHINE CUT  
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	210	1/8	496	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
15	0	200'	1 hr.

Pump  Bailer  Air  Flowing Artesian

Temperature of water 58° 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 16 N or S Range 12 E or W. WM.  
Section 31 NE 1/4 SW 1/4  
Tax Lot 413 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) BEHIND TUMALO FEED COMPANY

(10) STATIC WATER LEVEL:  
138 ft. below land surface. Date 7-20-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 185

From	To	Estimated Flow Rate	SWL
185	210	20+ GPM	138

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

Material	From	To	SWL
SOIL & COBBLES	0	29	
RED SANDSTON CONG	29	115	
BROWN SANDSTON CONG	115	185	
COARSE BLACK SANDS & GRAVELS	185	210	138

Date started 7-19-95 Completed 7-20-95

(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 David Sertell WWC Number 1556 Date 7-25-95

(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 Bill [Signature] WWC Number 1555 Date 7/24/95