DESC 10124

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

RECEIVED
SEP 18 1995
WATER RESOURCES DEPT.
SALEM, OREGON

21S/10E/21AD

(START CARD) # 77703

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

(1) OWNER: Well Number _____
Name BRIAN R HODGES
Address 15922 GREEN FOREST
City LAPINE State OR Zip 97739

(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 60 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18'	BENTONITE	0	18'	5 SACKS
6"	18	60'				

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:	6"	+1'	60'	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method SAW CUT
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
49'	59'	3"	114	5"		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
20	10'		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: 30-55'

(9) LOCATION OF WELL by legal description:
County DESCHUTES Latitude _____ Longitude _____
Township 21S N or S Range 10E E or W. WM.
Section 21D NE 1/4 SE 1/4
Tax Lot 2300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 15922 GREEN FOREST, LAPINE, OR. 97739

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 7/2/95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30	55	3 GPM	30
55	60	20 GPM	30

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
PUMICE	0	5'	—
SAND	5'	55'	30'
SAND & GRAVEL	55'	60'	30'

Date started 6/29/95 Completed 7/1/95

(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.
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 1584
Signed Kale L. Wymore Date 7/2/95

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER