Desc 1057

DESC 1057

OCT - 7 1991

15S/11E/30CC
18679

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER:
Name RAY L. CURRY Well Number:
Address 67252 Gist Road
City Bend, State OR Zip 97701

(2) TYPE OF WORK:
☐ New Well ☐ Deepen ☒ Recondition ☐ Abandon

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☒ Cable
☐ Other

(4) PROPOSED USE:
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes ☐ No ☐ Depth of Completed Well ft.
Explosives used Yes ☐ No ☐ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds

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:	10"	+2	50'	250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	8"	+2	367	188	☒	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

PERFORATIONS/SCREENS:
☒ Perforations Method Torch Cut 1/8" X 6 "
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
	367	1/8"	200	8"		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
200 gpm	-0-		1 hr.

Temperature of water 54 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 15 N or (S) Range 11 (E) or W, WM.
Section 30CC SW ¼ SW ¼
Tax Lot 3000 Lot Block Subdivision
Street Address of Well (or nearest address) 67252 Gist Road
Bend, OR

(10) STATIC WATER LEVEL:
ft. below land surface. ok Date
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at wh

Fr	mated Flow Rate	SWL

(12) W

	From	To	SWL
For other information			
refurance to log dated			
FEB. 26, 1991			

APR 1 0 1992
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-10-91 Completed 9-10-91

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 594
Signed Date 9-15-91

WHITE COPIES - WATER RESOURCES DEPARTMENT YELLOW COPY - CONSTRUCTOR PINK COPY - CUSTOMER 9809C 10/86