

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

DESC 1159

JAN 21 1992

(START CARD) # 35127 labeled

Desc 1159

16S/10E/1266

(1) OWNER: Well Number _____
 Name Carl Rasmussen
 Address Box 1747
 City Sisters, State Ore Zip 97759

(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 580 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	32	cement	32	9	12 sacks
8"	32	540	bentonite	9	0	5 sacks
6"	540	580				

How was seal placed: Method A B C D E
 Other poured
 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"	+1	32	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-3	540	.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 _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
		NA				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20		580	1 hr.

Temperature of Water 51 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 Des Latitude _____ Longitude _____
 Township 16 S N or S. Range 10 E E or W. WM. _____
 Section 12 NW $\frac{1}{4}$ NW $\frac{1}{4}$ _____
 Tax Lot 108 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
16847 Ponderosa Cascade Dr Bend, 0

(10) STATIC WATER LEVEL:
527 ft. below land surface. Date 12-14-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found some @ 530

From	To	Estimated Flow Rate	SWL
563	580		527

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
olds brn soil	0	9	
brn congl crse	9	26	
gray basalt	26	43	
brn basalt	43	54	
gray basalt	54	98	
gray congl crse	98	119	
brn cinders	119	143	
red cindery congl	143	175	
tan congl (13 yds Cem 0/150)	175	212	
pink tuff	212	260	
tan tuff	260	268	
brn ss	268	290	
gray basalt	290	312	
brn ss	312	348	
gray basalt	348	393	
brn ss congl	393	421	
brn basalt	421	432	
gray basalt	432	471	
red cindery congl	471	488	
gray basalt	488	512	
gray ves basalt w/clay sms	512	530	
brn cindery congl/some W	530	540	
gray basalt	540	563	
gray cindery congl(WB)	563	580	

Date started 11-13-91 Completed 12-14-91

(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.
 Signed [Signature] WWC Number 1317
 Date 12-20-91

(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.
 Signed [Signature] WWC Number 595
 Date 12-20-91

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER:

Phone _____

RECEIVED

Name: Thomas & Julia Clarke

AUG 25 1997

Mailing Address: 3821 NW Gordon Street

WATER RESOURCES DEPT
SALEM, OREGON

City: Portland

State: OR

Zip: 97210

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

DESC
1159

County: _____ Latitude: _____ Longitude: _____

Township: _____ N or S, Range: _____ E or W Section: _____ 1/4 _____ 1/4

Tax Lot Number: _____

Street Address of Well (if different from above): _____

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: _____ 19207