

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

DESC 1363
JUL 1 - 1992

(START CARD) # 33156

(1) OWNER:

Name Sidney Spezza
Address P.O. Box 188
City Sisters State Oregon 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 578 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	-18	#8 bentonite	0	-18	20 sks
8"	18	578				

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:	8"	+1	-19	250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6"	-4	-578	188	☒	☐	☒	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Machine
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
553	573	1/8x3	239			☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	0		1 hr.

Temperature of Water 53° 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 14 ~~XX~~ or S. Range 11 E of W. WM.
Section 28 ~~NW~~ NE
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 69985 Holmes Road
Cloverdale, Or.

(10) STATIC WATER LEVEL:

528 ft. below land surface. Date 6-27-92

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 528

From	To	Estimated Flow Rate	SWL
533	578	25+	528

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Sandy Loam Top Soil	0	5	
Brown Clay Conglomerate	5	56	
Broken Gray Lava	56	93	
Brown Clay Conglomerate	93	99	
Red Cinder	99	115	
Brown Sandstone	115	210	
Fractured Brown Lava	210	219	
Brown Sandstone & Pumice	219	239	
Crevice (no return)	239	295	
Soft "	295	370	
Broken "	370	397	
Hard "	397	496	
Broken "	496	524	
Hard "	524	533	528
Hard/Broken/Crevised no ret.	533	578	
4 yds 6-sk sand grout	197	255	
7 yds 5-sk sand grout	247	285	

Date started 6-17-92 Completed 6-29-92

(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 David F. Kuhn WWC Number 15768
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.

Signed [Signature] WWC Number 685
Date _____

DESC 1363

For Official Use Only:

RECEIVED

Received Date: _____

County Well Log ID #

DESC 1363

Well Identification Tag #

35853

JUL 29 1999

WATER RESOURCES DEPT.
SALEM, OREGON

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: SIDNEY & PAUL SPEZZA

Mailing Address: PO BOX 281

City: SISTERS State: OR Zip: 97759 Phone: (541) 548-5496

WELL LOCATION:

County: DESCHUTES Owner's Well Number: 576-19-92

Township: 14 S N or S Range: 11 E E or W, Section: 28 NE 1/4 NE 1/4

Tax Lot Number: 00100 Type of Well: water supply X monitoring

Street Address of Well (if different from above): OLD ADDRESS: 69985 HOLMES ROAD
NEW ADDRESS: 18130 WANDANA ROAD

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____
SEE ATTACHED WELL LOG
+ START CARD

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: NO

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310