

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

DBSC
1409

DESC RECEIVED

JUL 31 1992

(START CARD) # 42452 labeled

14s/10E/336c

(1) OWNER: Well Number _____
 Name Bruce Forbes
 Address 69437 Crooked Horseshoe
 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 115 ft.
 Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
10"	0	70	cement	70	0	34 sacks
8"	70	102				
6"	102	115				

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	Material			
				Steel	Plastic	Welded	Threaded
Casing: 6"	+1	102	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input 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
none						<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
30 +		115	1 hr.

Temperature of Water 52 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:
 SALEM, County OREGON Latitude _____ Longitude _____
 Township 14 S or S. Range 10 E E or W. WM.
 Section 33 SW $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot 3900 Lot 9 Block 5 Subdivision _____
 Street Address of Well (or nearest address) _____

69437 Crooked Horseshoe sisters, 0
(10) STATIC WATER LEVEL:
66 ft. below land surface. Date 7-2-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found ~~66~~ ~~XXX~~ 64

From	To	Estimated Flow Rate	SWL
64	115		66

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
brn soil	0	4	
brn sand fine gravel	4	19	
brn sand tan clay fine (gravel)	19	47	
tan congl	47	64	
brn congl (WB)	64	87	
gray congl (WB)	87	115	

Date started 6-30-92 Completed 7-2-92
(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 [Signature] WWC Number 1317
 Date 7-20-92

(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 7-20-92

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

DESC 1409

24705

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

BUYER/CURRENT WELL OWNER:

APR 24 1998

Name: M. H. Monson

WATER RESOURCES DEPT.
SALEM, OREGON

Mailing Address: 5674 SW Charles Circle

City: Lake Oswego State: OR Zip: 97035 Phone: (503) 684-8888

WELL LOCATION:

County: Deschutes Owner's Well Number: _____

Township: 14 N of S, Range: 10 E or W, Section: 33 SW 1/4 NW 1/4

Tax Lot Number: 3900 Type of Well: water supply _____ monitoring _____

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

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

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