

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

DESC **DES RECEIVED**
 1432
 AUG 13 1992

15S/10E/4ac
 45151
 (START CARD) #

(1) OWNER: Well Number _____ WATER RESOURCES DEPT.
 Name Gene Chrisman SALEM, OREGON
 Address 1140.5 SW foothill Dr.
 City Portland State OR Zip 97225

(9) LOCATION OF WELL by legal description:
 County Desch Latitude _____ Longitude _____
 Township 15 N or S. Range 10 E or W. WM. _____
 Section 4 SW NE
 Tax Lot 109 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Trapper Point Sisters

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>12</u>	<u>18 1/2</u>	<u>18 1/2</u>	<u>Bentonite</u>	<u>0</u>	<u>18 1/2</u>	<u>15 Sacks</u>
<u>8</u>	<u>18 1/2</u>	<u>90</u>				

How was seal placed: Method A B C D E
 Other Poured in dry

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:	<u>8</u>	<u>+1 1/2</u>	<u>18 1/2</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>6</u>	<u>-10</u>	<u>90</u>	<u>188</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>50</u>	<u>90</u>	<u>1/8 x 3</u>	<u>512</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>50</u>	<u>0</u>	<u>85</u>	<u>1 hr.</u>

Temperature of Water 59 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: _____

(10) STATIC WATER LEVEL:
49 ft. below land surface. Date 8-10-92
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
<u>49</u>	<u>90</u>	<u>50</u>	<u>49</u>

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
<u>Sandy Top Soil</u>	<u>0</u>	<u>4</u>	
<u>Gray Sand & Gravel</u>	<u>4</u>	<u>9</u>	
<u>Brown Clay Congl.</u>	<u>9</u>	<u>28</u>	
<u>Brown Clay large gravel</u>	<u>28</u>	<u>49</u>	
<u>W.B Brown sand & gravel</u>	<u>49</u>	<u>90</u>	

Date started 8-10-92 Completed 8-10-92

(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 _____ WWC Number _____
 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 Doug Soren WWC Number 1255
 Date _____

DESC 1432
WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER:

COMPLETED

Phone: _____

Name: GUINN, HOWARD T & PEGGY J

Mailing Address: _____

City: _____ State: _____ Zip: _____

WELL LOCATION: "~~DESC 51976~~" *deleted 8/20/2*

County: DESCHUTES Latitude: _____ Longitude: _____ *linked to DESC 1432*

Township: 15 N or S, Range: 10 E or W Section: 04 1/4 1/4

Tax Lot Number: 00109 Lot 2 Block 2

Street Address of Well (if different from above): 15773 TRAPPER PT. RD
SISTERS 97759

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 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

L-33230
Reissue card (DN)

(Office use only)

RECEIVED

SEP 23 1998

WATER RESOURCES DEPT
SALEM, OREGON