

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

Desc 1626

FEB 24 1993

17S/13E/16

WATER RESOURCES DEPT.

(START CARD) # 38993

SALEM, OREGON

(1) OWNER: Well Number _____
 Name Cimmaron City Water Co.
 Address P.O. Box 5441
 City Bend, State OR Zip 97708

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14	0	80	Cement	0	80	5076 lbs
10	80	600				

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	80	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	8	0	600	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 machine cut
 Screens Type factory Material steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
540	600	1/8x3	400	8	pipe	<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
45	-0-	595	1 hr.

Temperature of Water 56 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 17 N or S. Range 13 E or W. WM.
 Section 16 1/4 _____ 1/4 _____
 Tax Lot 7700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Off chaparrel/Maverick

(10) STATIC WATER LEVEL:
548 ft. below land surface. Date 1/15/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 548

From	To	Estimated Flow Rate	SWL
548	600	200-300	548

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Top soil	0	3	
Fract. brown lava	3	37	
Fract. grey lava	37	71	
Grey lava rock	71	245	
Broken rock	245	270	
Tan volcanic cong.	270	306	
Grey rock	306	350	
Tan volcanic cong.	350	365	
Grey lava rock	365	508	
Tan clay & volcanic gravel	508	548	
Cinders & volcanic gravel	548	580	548
Broken rock	580	600	

Date started 8/4/92 Completed 1/18/93

(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 O. Smith WWC Number 1556
 Date 2/12/93

(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 David O. Smith WWC Number 1371
 Date 2/12/93