

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

*Desc 1679*

APR - 1 1989

APR 12 1993  
 (START CARD) # 9602

18S/11E/25

**(1) OWNER:**  
 Name Apache Water  
 Address 61843 Dobbin Road  
 City Bend State Or. Zip 97701

Well Number: \_\_\_\_\_

**(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 500 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	40	Cement	0	40	25 Sacks
8	40	500				

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"	+2	40	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	+1	500	.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 Factory  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
500	460	1/2x3	300	6"	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 20 Drawdown -0- Drill stem at \_\_\_\_\_ Time xxx 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 18S Nor or S, Range 11E E or W, WM.  
 Section 25 ¼ \_\_\_\_\_ ¼ \_\_\_\_\_  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 100' from SW corne  
Lot 15, Block X Deschutes River Wood

**(10) STATIC WATER LEVEL:**  
440 ft. below land surface. Date 6-22-89  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
440	500	20gpm	440

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	2	
Pumice Brown	2	35	
Lava	35	65	
Sandstone Brown	65	82	
Cinders Red	82	92	
Lava, Grey	92	130	
Lava, Brown	130	135	
Sandstone, Brown	135	271	
Lava, Grey	271	280	
Sandstone, Brown	280	300	
Lava, Brown	300	351	
Cinders, Red	351	358	
Sandstone, Brown	358	441	
Cinders w/b Red	441	500	440

Date started 6-6-89 Completed 6-28-89

**(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 Curt Clausen WWC Number 741 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 John A. Smith WWC Number 1571 Date \_\_\_\_\_