

RECEIVED

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

MAY 24 1993 1732

WATER RESOURCES DEPT.
SALEM, OREGON

DESC
1732

14S/11E/33dc
53777

(START CARD) #

(1) OWNER: Well Number _____

Name Ed Richardson
Address 18260 Fadjur IN
City Sisters State OR 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 453 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18 1/2	Benlate	0	18 1/2	17
8"	18 1/2	453				

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: 8"	7 1/2	18 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-8	453	.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
413	453	3/8 X 3	572	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min 12 Drawdown 0 Drill stem at _____ Time 1 hr.

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: _____

(9) LOCATION OF WELL by legal description:
County Desch Latitude _____ Longitude _____
Township 14 N or S. Range 11 E or W. WM. _____
Section 33 SW 1/4 SE 1/4 _____
Tax Lot 2900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 18260 Fadjur IN

(10) STATIC WATER LEVEL:
390 ft. below land surface. Date 5-17-93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 422

From	To	Estimated Flow Rate	SWL
422	453	12	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Lava	2	33	
Red Cinders	33	47	
Lava	47	77	
Brown sand stone	77	297	
Broken Lava + Cinders	297	321	
Red Lava	321	422	
W. B. Brown sand stone - congl.	422	453	

Date started 5-14-93 Completed 5-17-93

(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 _____ 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 Don Allen WWC Number 1255 Date _____

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

DESC 1732

35857

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER: SUSAN GORMAN - SELLER

Name: JOSEPH ANGEL / ANDREA ANDRESON

Mailing Address: 18260 FADUR LN

City: SISTERS State: OR Zip: 97759 Phone: 541 923-5664

WELL LOCATION:

County: DESCHUTES Owner's Well Number: _____

Township: 14 N or (S) Range: 11 (E) or W, Section: 33 / 1/4 / 1/4

Tax Lot Number: 2900 Type of Well: water supply X monitoring _____

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

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

SEE ATTACHED

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): 453 FT. Static Water Level (in feet): 422 FT.

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: X No: _____

If Yes: Application #: File# G-14451 Permit #: Assignment # G-13278 Certificate #: _____

Please Return Completed Form to:

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

RECEIVED

JUL 29 1999

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SALEM, OREGON