STATE OF OREGON

WATER WELL REPORT

(as required by ORS 537.765)

DESC 1984 DESC 1984 MAY 15 1989

WATER RESOURCES DEPT. SALEM, OREGON

45/11E/22dC

WATER RESOUR(START CARD) # 1898

(1) OWNER:

Name Wm PerKins Well Number:

Address 5220 SW 186th

City Aloha, Or. State Zip 97007

(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 530 ft.

Explosives used Yes ☐ No ☒ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
12"	0	20'				
8"	20	530'	Portland Cement	0'	19'	15 o/s

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:	~~5"~~	~~+1~~	~~460~~	~~.188~~	☒	☐	☐	☐
	8"	+1	20'	.250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	5"	+1	460	.188	☒	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Acetylene

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
440	460	1/8 x 8"	75		5"	☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	15'		1 hr.

Temperature of water 54° F Depth Artesian Flow Found

Was a water analysis done? No ☐ Yes By whom

Did any strata contain water not suitable for intended use? No ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other

Depth of strata:

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude ' " Longitude ' "

Township 14S N or S, Range 11E E or W, WM.

Section 22 SW ¼ SE ¼

Tax Lot 01000 Lot Block Subdivision

Street Address of Well (or nearest address) Mile post 4 - Holmes Road (Sisters)

(10) STATIC WATER LEVEL:

480 ft. below land surface. Date 5-10-89

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 510'

From	To	Estimated Flow Rate	SWL
510'	530'		480

(12) WELL LOG:

Ground elevation 3300'

Material	From	To	SWL
Soil, Brown	0	5	
Rock, lava, grey	5	40	
Sandstone, clay, congl. Red	40	115	
" " " Brown	115	175	
" " " Blk	175	200	
" " " Brown	200	290	
" " " Blk	290	330	
" " " Red	330	420	
" " " Brown	420	440	
Basalt, Blk, very hard	440	470	
Sandstone, clay congl. Blk	470	510	480'
Gravel, fine, w/B	510	530	

Date started 7-13-88 Completed 5-10-89

(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.

WWC Number

Signed 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.

WWC Number 670

Signed Alvin Schaunk Date 5-10-89

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 3/88

DESC 1984

RECEIVED
MAY 0 8 1999
WATER RESOURCES DEPT.
SALEM, OREGON

For Official Use Only: COMPLETED

Received Date: _____ County Well Log ID #: DESC 1984 Well Identification Tag #: L- 33210

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Wm Perkins

Mailing Address: 70096 Holmes Rd.

City: Sisters State: OR Zip: 97759 Phone: (541) 923-5022

WELL LOCATION:

County: Deschutes Owner's Well Number: _____

Township: 14 N or (S) Range: 11 (E) or W, Section: 22 SW 1/4 SE 1/4

Tax Lot Number: #1000 Type of Well: water supply _____ monitoring _____

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

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:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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