

WATER WELL REPC
(as required by ORS 537.76)

APR 27 1990
DESC 20
ER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 18301

(1) OWNER:

Name Phil CARSON
Address 735 NW GREENWOOD #15
City REDMOND State OR Zip 97758

(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 263 ft.

Explosives used ☐ Yes ☒ No Type ☐ ☒ Amount ☐ ☒

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	36	CEMENT	0	36	18

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"	+1 1/2	3 1/2	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6"	-5	259	.188	☒	☐	☒	☐
					☐	☐	☐	☐

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
232	252					☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
60 gpm	0	250	1 hr.

Temperature of water 53 Depth Artesian Flow Found

Was a water analysis done? **No** ☐ 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 14S N or S Range 12E E or W, WM. 0
Section 35 NW ¼ NE ¼
Tax Lot 4303 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 69550 NW 83rd
REDMOND, OR

(10) STATIC WATER LEVEL:

140 ft. below land surface. Date 4-18-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 140

From	To	Estimated Flow Rate	SWL
140	265		140

(12) WELL LOG:

Ground elevation _____

[illegible]

Date started 4-13-90 Completed 4-19-90

(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 Jack Abbas (helper) 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.

belief. William D. Adams WWC Number 1255
Signed William D. Adams Date _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Stephen A. and Sarah J. Eraker
Mailing Address: P.O. Box 1745
City: Redmond State: Or. Zip: 97756P
Mailing Address (to send Well I.D.): P.O. Box 1745
City: Redmond State: Or. Zip: 97756

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 145 (North/South) Range: South 12E (East/West) Section: 35 NW 1/4 NE 1/4
Tax Lot: 4303 County: Deschutes 1/4 1/4
Street Address of Well: 4720 NW 83rd St City: Redmond
Owner at time the well was constructed. (if known): Phil Larson
If the property had a different street address in the past: 69550 NW 83 rd St.

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____
Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____
Other Information: _____

SUBMITTED BY (please print): SARAH J ERAKER
PHONE: 503-680-6432 FAX: 541-923-5061

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

7-1-13

Well Log Number:

DESC 20

Well Identification #:

L-112303

RECEIVED