

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

DESC

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145/12e/26aa

(START CARD) # W17016

(1) OWNER:

Name George Spencer Well Number: _____
 Address 69720 S.W. 83rd
 City Redmond State Ore. Zip 97756

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
6"	150	225		

How was seal placed: Method A B C D E
 Other Not Dist

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 25 Drawdown 10 Drill stem at _____ Time 1 hr.

Temperature of water _____ 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 Deer Latitude _____ Longitude _____
 Township 14S N or S, Range 12E E or W, WM.
 Section 26 N.E. 1/4 N.E.
 Tax Lot 1920 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 69720 S.W. 83rd Redmond, Ore

(10) STATIC WATER LEVEL:

131 ft. below land surface. Date 12-9-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
<u>Hand Gray Rock</u>	<u>150</u>	<u>212</u>	
<u>Red Cinders</u>	<u>212</u>	<u>225</u>	<u>131</u>

Date started 12-6-89 Completed 12-9-89

(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 Wayne T. Buchner WWC Number 677
 Date 12-9-89

(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 Wayne T. Buchner WWC Number 677
 Date 12-9-89