

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

(1) OWNER: Well Number: _____
Name Steve Riley / Lindsey Winthrop
Address P.O. Box 9308
City Bend State OR Zip 97701

(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 324 ft.
Yes No ☒ ☐
Explosives used ☐ ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18 1/2	Cement	0	18 1/2	12

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	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	-10	324	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input 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
304	324	4x13	253	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing
☐ Artesian

Yield gal/min	Drawdown	Drill stem at	Time
24	0	3/5	1 hr.

Temperature of water 52 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 18 S N or S, Range 11 E E or W, WM.
Section 36 SE 1/4 SW 1/4
Tax Lot 3800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 59645 Mohawk
Circle Bend, OR 97701

(10) STATIC WATER LEVEL:

279 ft. below land surface. Date 4-28-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found <u>279</u>		From	To	Estimated Flow Rate	SWL
		279	324		279

(12) WELL LOG:

Material	From	To	SWL
Sandy Top Soil	0	11	
lava	11	29	
Brown Sand Stone Congl	29	31	
Brown lava	31	78	
Brown Congl.	78	97	
Brown lava	97	158	
Red cinders	158	161	
Brown lava	161	173	
Brown Congl.	173	194	
Lava Broken	194	199	
Brown Sand Stone Congl.	199	231	
Dark Brown Sand Stone Congl.	231	275	
Brown Sand Stone Congl.	275	279	
(W.B.) Brown Sand Stone	279	320	279
W.B. Brown Sand Stone?	320	324	
Small gravel			
RECEIVED			
DEC 14 2000			
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 4-26-90 Completed 4-30-90

(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.

Signed William D. Allen WWC Number 1255
Date _____