

STATE OF OREGON
 WATER WELL REPORT WATER RESOURCES DEPT.
 (as required by ORS 537.765) SALEM, OREGON

SEP - 5 1989 DESC 3421

155/11E/346
 11578 labeled

(START CARD) #

(1) OWNER: Well Number: _____
 Name Ray & Eve Menuhin
 Address P O Box 8212
 City Black Butte Ranch State Oregon 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 300 ft.
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	19	cement	0	19	9sacks
8"	19	300				

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	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-5	300	.1875	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
280	300		228	1/8 by 3		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 20 + Drawdown _____ Drill stem at 300 Time 1 hr.

Temperature of water 57 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 Deschutes Latitude _____ Longitude _____
 Township 15 S N or S, Range 11 E E or W, WM.
 Section 34 R 1/4 _____ 1/4 _____
 Tax Lot 800 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
236 ft. below land surface. Date 7-28-89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 236

From	To	Estimated Flow Rate	SWL
236	247	8-12 gpm	236
284	300	20-4	231

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
sandy soil	0	4	
gray ss	4	46	
brn ss	46	138	
gray basalt	138	152	
tan ss congl	152	178	
gray vesicular basalt	178	183	
brn congl med	183	200	
gray basalt	200	212	
lt tan ss	212	228	
gray basalt	228	236	
brn congl fine (WB 8GPM)	236	247	236
gray basalt	247	284	
gray brkn basalt (WB)	284	300	

Date started 7-26-89 Completed 7-28-89

(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 John F. Johnson WWC Number 1517
 Date 7-28-89

(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 John F. Johnson WWC Number 595
 Date 7-28-89