DESC 3708 AUG 16 1989 WATER RESOURCES DEPT. SALEM, OREGON

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Start Card #.9598

155/13E/4ad

STATE OF OREGON

# WATER WELL REPORT

(as required by ORS 537.765)

## (1) OWNER:

Well Number:

Name NORM FAULKNER

Address 1515 N Hwy. 97

City REDMOND State OR 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 288 ft.

Explosives used Yes ☐ No ☒ Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Amount sacks or pounds |
|---|---|---|---|---|---|---|
| 12" | 0 | 19 | CEMENT | 0 | 19 | 15 |
| 8 | 19 | 288 | | | | |
| | | | | | | |
| | | | | | | |

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 | ☒ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | 6 | +1 | 288 | 198 | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

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 |
|---|---|---|---|---|---|---|---|
| 268 | 288 | 3 | 228 | 1/8 | | ☐ | ☒ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 20 | 0 | | 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 15S N or S, Range 13E E or W, WM.

Section 4 SE ¼ NE ¼

Tax Lot Lot Block Subdivision

Street Address of Well (or nearest address) 2415 N. CANAL REDMOND, OR. 97756

## (10) STATIC WATER LEVEL:

250 ft. below land surface. Date 6-22-89

Artesian pressure lb. per square inch. Date

## (11) WATER BEARING ZONES:

Depth at which water was first found 250

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 250 | 285 | 30 | 250 |
| | | | |
| | | | |
| | | | |

## (12) WELL LOG:

Ground elevation 2990

| Material | From | To | SWL |
|---|---|---|---|
| DIRT | 0 | 6 | |
| HARD GREY LAVA | 6 | 52 | |
| YELLOW SANDSTONE | 52 | 71 | |
| COARSE CONGLOMERATE ROCK | 71 | 225 | |
| BROWN SANDSTONE | 225 | 250 | |
| BLACK SAND W-B | 250 | 285 | 250 |
| BROWN SANDSTONE | 285 | 288 | |

Date started 4-20 Completed 6-22-89

**(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 Raymond Williams WWC Number 1495 Date 6-22-89

**(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 Flint Delumeth WWC Number 627 Date 7-18-89

WHITE COPIES - WATER RESOURCES DEPARTMENT YELLOW COPY - CONSTRUCTOR PINK COPY - CUSTOMER 9809C 10/86