

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

4768 DEESC 4768 SEP 18 1989

175/12E/6dd
 9603
 (START CARD) # 9603

(1) OWNER: Well Number: WATER R
 Name Frank & Marlene Hemstreet
 Address 6400 Johnson Rd.
 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 190 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	18	cemt.			
10	18	150	cemt.	0	150	46

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: 6	2	190	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	190	1/8	110	6	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 35 Drawdown 10 Drill stem at _____ Time 1 hr.

Temperature of water 55 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 Des. Latitude _____ Longitude _____
 Township 17s N or S, Range 12e E or W, WM.
 Section 6 SE 1/4 SE 1/4
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 6400 Johnson rd. Bend Or. 97701

(10) STATIC WATER LEVEL:
140 ft. below land surface. Date 5/9
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 161

From	To	Estimated Flow Rate	SWL
161	185	35	140

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Boulders & Pumice	2	8	
Rock (Basalt grey)	8	17	
Pumice & Gravel	17	127	
Sandstone (loose) tan	127	140	
Pumice & Clay red	140	145	
Sandstone (Hard) tan	145	161	140
Pumice w/b brown	161	185	
Clay brown	185	190	

Date started May 25/89 Completed June 2/89

(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 [Signature] WWC Number 1371
 Date 9/15/89

(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 [Signature] WWC Number 1371
 Date 9/15/89

WELL IDENTIFICATION FORM

Owner's Well Number: _____

CURRENT WELL OWNER:

Phone _____

RECEIVED

Name: Eric Hoffman

AUG 11 1997

Mailing Address: PO Box 1300

WATER RESOURCES DEP
SALEM, OREGON

City: Portland State: OR Zip: 97207

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

DESC
4768

County: Deschutes Latitude: _____ Longitude: _____

Township: 17 N or S, Range: 12 E or W Section: 6 1/4 1/4

Tax Lot Number: _____

Street Address of Well (if different from above): 64000 Johnson Rd Bend

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: _____ 19099