

DESC 50031

Well # L0000114

RECEIVED DESC 50031

DEC 13 1995

85163
~~85165~~

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

(START CARD) #

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT

(1) OWNER: Well Number _____ Name Mike Constantine Address P.O. Box 292 City Terrebonne State Ore. Zip 97756

(2) TYPE OF WORK New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD: Rotary Air Rotary Mud Cable Auger Other

(4) PROPOSED USE: Domestic Community Industrial Irrigation Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 500 ft. Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
12	0	18 1/2	Bentonite	0	18 1/2	10
8	18 1/2	500				

How was seal placed: Method A B C D E Other Poured in Dry

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	7 1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6	7 1/2	500	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
480	500	8x3	256	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
257	0	495	1hr

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: _____

SALEM, OREGON (9) LOCATION OF WELL by legal description: County Deschutes Latitude _____ Longitude _____ Township 16 N or S Range 12 E or W. WM. Section 09 SW 1/4 NW 1/4 Tax Lot 503 Lot _____ Block _____ Subdivision _____ Street Address of Well (or nearest address) Harper Rd Tumalo, Ore.

(10) STATIC WATER LEVEL: 443 ft. below land surface. Date 12-8-95 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
465	500	257	443

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Lava	1	3	
Brown Congl.	3	9	
Lava	9	29	
Brown Sand Stone	29	41	
Lava	41	173	
Brown Sand Stone	173	226	
Brown Course Congl.	226	249	
Gray Congl.	249	465	443
W.B. Brown Sand Stone	465	500	

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Date started 12-7-95 Completed 12-8-95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Jeff Randall WWC Number _____ Date 12-8-95

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Doug Allen WWC Number 1255 Date 12-8-95

DESC 50031

WELL IDENTIFICATION FORM

DESC 50013

CURRENT WELL OWNER:

Owner's Well Number: 1

Name: Benjamin Lindner & Leslie D. Cole

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Mailing Address: P.O. Box 230998

MAR 29 1995

City: Tigard State: OR Zip: 97281

WATER RESOURCES DEPARTMENT SALEM, OREGON

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:

See attached.

County: _____ Latitude: _____ Longitude: _____

Township: _____ N or S, Range: _____ E or W Section: _____ 1/4 _____ 1/4

Tax Lot Number: _____

Street Address of Well (if different from above): _____

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: L 00 00 114