DESC 50095

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

(START CARD) # W-86389

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

(1) OWNER: Well Number _____
Name DORTHY L. STENKAMP LIVING TRUST
Address P.O. BOX 457 % NANCY CARTER
City LaPINE State OR. Zip 97739

(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 35 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	18	CEMENT	0	18	6 SACKS
6	18	35				

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	+1	29	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	5"	10	35	160	☐	☒	☒	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Torch cut or saw
☐ Screens Type 250 Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19	29	.046	40	6"		☒	☐
						☐	☐
20	35	.025	1200	5"		☐	☒
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
15	3		12 HR.

Temperature of water 44 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 NO
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County DESCHUTES Latitude _____ Longitude _____
Township 22-S N or S Range 10 E E or W. WM.
Section 14 BC S.W 1/4 N.W 1/4
Tax Lot 202 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 16464 WILLIAM FOSS RD. LaPINE OR. 97739

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

(11) WATER BEARING ZONES:
Depth at which water was first found 14'

From	To	Estimated Flow Rate	SWL
14	35	20	13

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
PUMICE Top soil	0	3	
CLAY SAND	3	14	
CINDERS GRAVEL	14	17	
BROWN SAND CINDERS	17	33	13'
CLAY	33	35	

DEC 2 1995 WATER SALEM, OREGON

Date started DEC 7-95 Completed DEC 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.
WWC Number _____
Signed _____ 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1525
Signed James B. Palm Date DEC-13-95

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER