

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

MAR 20 1996

(START CARD) #

82317

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

SALEM, OREGON OF WELL by legal description:

(1) OWNER: Esther Ferrell Well Number _____
Name P.O. Box 671
Address LAPINE State ORE Zip 97739

County Deschutes Latitude _____ Longitude _____
Township 21S N or S Range 10E E or W. WM.
Section 36 SE 1/4 NW 1/4
Tax Lot 03100 Lot 16 Block 4 Subdivision CAGE
Street Address of Well (or nearest address) PLAT # 8

(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 40' ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	18'	Bentonite	0'	18'	6
6"	18'	40'				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 38' ft. to 40' ft. Size of gravel 1/2"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0'	40'	1250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
29'	39'	18"	114	3"				☒	☐

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
15+	5'		1 hr.

Temperature of water 50° 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: _____

(10) STATIC WATER LEVEL:

22 ft. below land surface. Date 3/7/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From		To	Estimated Flow Rate	SWL
15	30	40	3 gpm	22
			15+	22

(12) WELL LOG:

Material	From	To	SWL
PUMICE	0	5	
SAND & GRAVEL	5	40	22

Date started 3/5/96 Completed 3/6/96

(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 1664Signed James R. Meyer Date 3/7/96