DESC 50414 JUL 24 1996

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L03576

(START CARD) # 80363

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

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

**(1) OWNER:** Well Number

Name Wally Gray

Address 1826 N. Hwy 97

City REDMOND State OR 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 325 ft.

Explosives used ☐ Yes ☒ No Type Amount

| HOLE Diameter | From | To | SEAL Material | From | To | Sacks or pounds |
|---|---|---|---|---|---|---|
| | | | EXISTING | | | |

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: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | 4" | -5 | 325 | 250 | ☐ | ☒ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

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 |
|---|---|---|---|---|---|---|---|
| 285 | 325 | 2½ | 600 | 1/32 | | ☐ | ☒ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| 12 | 0 | | 1 hr. |
| | | | |

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:

**(9) LOCATION OF WELL by legal description:**

County DESCHUTES Latitude Longitude

Township 15 S N or S Range 13 E E or W. WM.

Section 4 SE 1/4 SE 1/4

Tax Lot 200 Lot Block Subdivision

Street Address of Well (or nearest address)

SAME

**(10) STATIC WATER LEVEL:**

260 ft. below land surface. Date 7-19-96

Artesian pressure lb. per square inch. Date

**(11) WATER BEARING ZONES:**

Depth at which water was first found 260

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| 260 | 325 | 12 | 260 |
| | | | |
| | | | |
| | | | |
| | | | |

**(12) WELL LOG:**

Ground Elevation

| Material | From | To | SWL |
|---|---|---|---|
| EXISTING TO 260' | | | |
| BLACK SAND & | 260 | 325 | 260 |

Date started 7-15-96 Completed 7-19-96

**(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 1495

Signed [signature] Date 7-19-96

**(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 1495

Signed [signature] Date 7-19-96

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