

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

DESC 50712 WELL I.D.#

L09525

(START CARD) # 94048

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

(1) OWNER: Well Number _____

~~Mr~~ & Mrs Jerry Kessel
Address 17461 Forked Horn Lane
City Sisters State Ore Zip 97759

(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 350 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	19'	bentonite	0	19'	10sks
8"	-19	-350				

How was seal placed: Method A B C D E
 Other poured
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	+1	-19'	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-10	350'	.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
-330	-350	1/8x3"	236	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
25+	0	350	1 hr.

Temperature of water 51 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 15S N or S Range 11E E or W. WM.
Section 19 NW 1/4 NE 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
17461 Forked Horn Ln

(10) STATIC WATER LEVEL:
260 ft. below land surface. Date 1-20-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 280'

From	To	Estimated Flow Rate	SWL
280'	350'	25+	260

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
cobbles-sandy top soil	0	12'	
gray lava	12'	26'	
red cinders	26'	40'	
brkn rock congl	40'	54'	
gray lava	54'	65'	
brwn congl	65'	90'	
gray lava	90'	114'	
brwn s.s. congl	114'	124'	
red cinders	124'	140'	
brwn s.s. congl	140'	281'	
brkn gray lava	281'	340'	
sand & gravel, pumice	340'	350'	

RECEIVED

JAN 24 1997

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 1-17-97 Completed 1-21-97

(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 1658
Signed [Signature] Date 1-22-97