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WELL I.D.# 109894

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JUN 30 1997

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

(START CARD) # 98320

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

(1) OWNER: Trina Traves / Great Western Homes
Name 62939 N. Hwy 97
Address Bend City Ore. State 97701 Zip

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

HOLE SEAL
Diameter From To Material From To Sacks or pounds
ALL Ready Grouted
Refer to Start Card # 65936
10" 90 282

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:	8"	+1	282	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Holt Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
262	282	1/8x1	400	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 100+ Drawdown 0 Drill stem at 277 Time 1 hr
Temperature of water 59° 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 14 N or S Range 13 E or W. WM.
Section 16 SE 1/4 NW 1/4
Tax Lot 102 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Lower Bridge Rd. Terrebonne, Ore. 97760

(10) STATIC WATER LEVEL:
227 ft. below land surface. Date 6-24-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 239

From	To	Estimated Flow Rate	SWL
239	282	100+	227

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Cem. sand grout	90	99	
Black Basalt	99	158	
Black Cinders	158	164	
Lava Breccia	164	169	
Black + Red cinders	169	211	
Smith Rock Congl.	211	239	
W.B. Caving Congl.	239	282	

Date started 6-19-97 Completed 6-24-97
(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.
Helper
Signed Jeff Randalk WWC Number _____ Date 6-24-97

(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 6-24-97