

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.

WATER RESOURCES DEPT.

SALEM, OREGON

Well Number

(1) OWNER:

Name Bruce Slayden

Address P.O. Box 625

City Stayton State Ore Zip 97383

(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 851 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
14"	0	19	Bentonite	+1	19	19

Diameter	From	To	Material	From	To	Sacks or pounds
10"	-19	851				

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: 10"	+1	19	25	☒	☐	☒	☐
Liner: 8"	-10	851	188	☒	☐	☒	☐

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
811'	851'	1/8X3	640	8"		☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing ☐ Artesian

Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

100+ unknown 850 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 14S N or S Range 10E E or W. WM.

Section 23 SE 1/4 SW 1/4

Tax Lot 601 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

Wilt Rd

(10) STATIC WATER LEVEL:

701 ft. below land surface. Date 7-1-97

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 790'

From	To	Estimated Flow Rate	SWL
790'	855'	100+	701'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
sandy top soil-blnds	0	4	
brwn ss congl-clay	4'	10'	
brkn gray lava & brwn clay	10'	39'	
fract gray lava	39'	88'	
ss red cinders & clay	88'	112'	
brwn ss congl	112'	208'	
blk ss	208'	240'	
brkn rock congl	240'	265'	
blk ss congl	265'	280'	
brkn brwn rock-clay	280'	297'	
fract gray lava	297'	335'	
hard gray basalt	335'	386'	
red cinders congl	386'	415'	
hard gray basalt	415'	475'	
brkn gray lava	475'	490'	
red cinders	490'	505'	
brkn rock congl	505'	523'	
hard gray lava	523'	540'	
brkn gray lava	540'	546'	
hard gray basalt	546'	610'	

Date started 6-23-97 Completed 7-2-97

(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 7-7-97

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