

APR 27 1990 JUN -1 1990

14S/12E/20aa W-18306

STATE OF OREGON WATER WELL REPORT (as required by ORS 537.200) DESC 51 WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # W-18306

(1) OWNER: Name ORVIN & JAMMIE HOUGHT Well Number: Address 1763 SW PARKWAY DR. City REDMOND State OR Zip 97756

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 200 ft. Explosives used Yes No Type Amount

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Includes handwritten entries for 12 inch diameter and 18 1/2 inch seal.

How was seal placed: Method [] A [] B [] C [] D [X] E [] Other Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes handwritten entry for 8 inch casing.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [] Perforations Method [] Screens Type Material

Table for perforations/screens with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min 300 Drawdown 0 Drill stem at 190 Time 1 hr.

Temperature of water 53 degrees 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 of S Range 12E E or W, WM. Section 20 NE 1/4 NE 1/4 Tax Lot 600 Lot Block Subdivision Street Address of Well (or nearest address) LOWER BRIDGE Rd.

(10) STATIC WATER LEVEL: 85 ft. below land surface. Date 4-20-90 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entry for 85 to 200 ft depth.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Includes handwritten entries for SANDY TOP SOIL, COARSE GRAVEL, RED CLAY STONE, BROWN SAND STONE (CONG.), WATER BEARING BROWN S.S. (CONG.), and COARSE GRAVEL.

Date started 4-20-90 Completed 4-20-90

(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 well construction standards. Signed JACK ABGAS (helper) WWC Number 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. Signed William D. Akbar WWC Number 1255 Date 1255

WELL IDENTIFICATION FORM
DESC 51

Owner's Well Number: _____

CURRENT WELL OWNER:

Phone 541-548-1305

Name: ORVIN : EARLENE Hought

Mailing Address: 70365 N.W. LOWER BRIDGE Way

City: TERREBONNE State: OREGON Zip: 97760

WELL LOCATION:

*ALDC
lost?*

County: DESCUTES Latitude: 44° 20' 50" N. Longitude: 121° 19' 00" W.

Township: 14 N or (S) Range: 12 (E) or W Section: 20 NE 1/4 NE 1/4

Tax Lot Number: 600

Street Address of Well (if different from above): _____

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: 18306 Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: **Oregon Water Resources Department**
158 12th Street NE
Salem, OR 97310

(Office use only)

RECEIVED

Well Identification Number: L05062 MAY 17 1996

WATER RESOURCES DEPT.
SALEM, OREGON