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

SEP 29 1997

(START CARD) # 102619

Instructions for completing this report are on the last page of this form.
WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____

Name Tim Eggiman
Address 64310 Highmowing Ln.
City Bend State Ore. Zip 97701

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

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
12	0 18	Bentonite	0 18	13	
8	18 510				

How was seal placed: Method A B C D E
 Other Poured in Dry

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 1/2	18 1/2	2.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6	-5	50	1.875	<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
490	510	5x3	256	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
20	0	505	0

Temperature of water 53 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 17 N or S Range 11 E or W. WM.
Section 1 SW 1/4 NE 1/4
Tax Lot 00405 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 64310 Highmowing Ln. Bend Ore. 97701

(10) STATIC WATER LEVEL:

425 ft. below land surface. Date 9-19-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 464

From	To	Estimated Flow Rate	SWL
464	510	20	425

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Grdy sand	1	12	
Brown sand stone	12	49	
Gravel	49	54	
Pumis	54	73	
Brown clay Congl.	73	99	
Brown sand stone Congl.	99	132	
Pumis	132	145	
Brown sand stone	145	264	
Course Gwaing Congl.	264	269	
Basalt	269	321	
Brown congl.	321	367	
Basalt	367	464	
W.B. Pumis	464	468	
W.B. Broken Lava	468	510	

Date started 9-18-97 Completed 9-19-97

(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.

Signed Jeff Randall WWC Number _____ Date 9-19-97

(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 Helm WWC Number 1255 Date 9-19-97