

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

DESC 57260
NOV - 4 1997
AMENDED 10/29/97

WELL ID # 12817 12814
(START CARD) # 101990

WATER RESOURCES DEPT.

(1) OWNER:
Name **Michael & Jamie Varvynec**
Address **68300 George Cyrus Rd.**
City **Sisters** State **OR** Zip **97756**

SALEM, OREGON 2
Well Number: 2

(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 **405** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	50	Bentonite	0	50	38 sacks
8"	50	407				

How was seal placed: Method A B C D E
 Other **Poured 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"	+2	50	.260	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-5	405	.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
345	405	3/16"	720			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
175	11	380	1 hr.

Temperature of Water **54** 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. of WM.
Section **17** **SW** $\frac{1}{4}$ **NE** $\frac{1}{4}$
Tax Lot **300** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **68300 George Cyrus Rd.**

(10) STATIC WATER LEVEL:
279 ft. below land surface. Date **9/23/97**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **293**

From	To	Estimated Flow Rate	SWL
293	405	250+	290

(12) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Brown Sandy Soil	0	22	
Loose Sand & Gravel	22	25	
Pumice	25	44	
Hard Gray Basalt	44	65	
Conglomerate with Cinders	65	88	
Medium Hard Gray Basalt	88	97	
Hard Gray Basalt	97	104	
Light Brown Sandy Conglomerate	104	128	
Hard Gray Basalt	128	141	
Tan Conglomerate with Cinders	141	165	
Medium Hard Brown Basalt	165	173	
Light Brown Conglomerate	173	213	
Medium Brown Basalt	213	235	
Hard Brown Basalt	235	248	
Hard Gray Basalt	248	264	
Medium Hard Gray Basalt	264	293	
See next line	293	306	279
Loose Gravel WB Cemented with 10 yds grout			
Cinder Conglomerate WB	306	340	279
Tan Conglomerate WB	340	347	279
Broken Gray Basalt WB	347	355	279
Gravel WB caved in below liner	355	413	279

Date started **8/27/97** Completed **9/23/97**

(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 my best knowledge and belief.
Signed _____ 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. 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 **Robert Buckner** WWC Number **1385**
Date **10-29-97**
Western Water Development Corporation

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.705)

desc 51260

OCT 15 1997

WELL ID # 12817

(START CARD) # 101990

INSTRUCTIONS FOR COMPLETING THIS REPORT ARE ON THE LAST PAGE OF THIS FORM. WATER RESOURCES DEPT.

(1) OWNER: Well Number: 2 SALEM, OREGON
 Name Michael & Jamie Varvinea
 Address 68300 George Cyrus Rd.
 City Sisters State OR Zip 97756

(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

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Final location of shoe(s) _____

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 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
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 Section 17 SW $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 68300 George Cyrus Rd.

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279 ft. below land surface. Date 9/23/97
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Pumice	25	44	
Hard Gray Basalt	44	55	
Conglomerate with Cinders	55	58	
Medium Hard Gray Basalt	58	57	
Hard Gray Basalt	57	104	
Light Brown Sandy Conglomerate	104	128	
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Date started 9/2/97 Completed 9/23/97

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 WWC Number _____
 Signed _____ Date _____

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 WWC Number 1385
 Signed Robert Backe Date 10-7-97
 Western Water Development Corporation