

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 12766

(1) OWNER:
Name Jerry LARSEN Well Number: 1
Address 16725 NORTH RIDGE
City LIF PINE State OR Zip 97739

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other Auger

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 23
Explosives used Yes No Type X Amount

HOLE SEAL Amount
Diameter From To Material From To sacks or pounds
10" 0' 18' 25' Cement 0 18 6 SACKS

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	<u>6"</u>	<u>+1</u>	<u>27</u>	<u>160</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shaft(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Sawed
 Screens Type PVC Material PLASTIC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>18'</u>	<u>23'</u>	<u>0.020</u>	<u>725</u>	<u>6"</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 13 Drawdown 9 Drill stem at _____ Time 1 hr.

Temperature of water _____ 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 21 S N or S, Range _____ E or W, WM _____
Section 14 NE 1/4 SW 1/4
Tax Lot 1401 Lot _____ Block _____ Subdivision _____
Street Address of Well or nearest address 16725 NORTH RIDGE GOLF COURSE

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 8-25-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 9

From	To	Estimated Flow Rate	SWL
<u>9</u>	<u>23</u>	<u>20</u>	<u>9</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>3</u>	
<u>PUMICE</u>	<u>3</u>	<u>5</u>	
<u>CLAY & LOAM</u>	<u>5</u>	<u>8</u>	<u>8</u>
<u>SILT SAND & CLAY</u>	<u>8</u>	<u>18</u>	
<u>FINE BLACK SAND</u>	<u>18</u>	<u>23</u>	

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Date started 8-23-90 Completed 8-25-90

(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. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ WWC Number 1458
Date 11-27-90

(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 well construction standards. This report is true to the best of my knowledge and belief.
Signed _____ WWC# _____

DESC 51408

STATE OF OREGON
WATER WELL REPORT

DESC 51408
INVESTIGATION REPORT

(START CARD) # 12766

(1) OWNER:

Name: T. J. ...
Address: 16725 NW ...
City: LAPEER State: OR Zip: 97121

Well Number: 1

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other: Hand Drilled

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval: Yes No
Explosives used: Yes No Type: _____ Amount: _____

Depth of Completed Well: 23 ft.

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0' 18'	Concrete	0' 18'	10	10

How was seal placed: Method A B C D E
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
10"	0'	23'	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method: SHWED
 Screens Type: all Material: steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
18'	23'	20	20	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1.5	9		1 hr.

Temperature of water _____ 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: 21 S N or S. Range: 10 E E or W. WM.
Section: 14 NE W SW W
Tax Lot: 1401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address): 16725 NW ...

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date: 1-15-98
Artesian pressure _____ lb. per square inch. Date: _____

(11) WATER BEARING ZONES:

Depth at which water was first found: 9

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
Top soil	0	1	
Shale	1	2	
Clay	2	3	
fine sand	3	18	
fine sand	18	23	

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started: 8-22-96 Completed: 8-22-96

(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. Materials used and information reported above are true to my best knowledge and belief.

Signed: _____ WWC Number: 11152
Date: 11-27-98

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed: _____ WWC Number: _____
Date: _____

WELL IDENTIFICATION FORM - 8 1988 Owner's Well Number: 1

CURRENT WELL OWNER: WATER RESOURCES DEPT. SALEM, OREGON Phone 1-510-276-0169

Name: JERRY L LARSEN % Robert A Smejkal
696 Country Club Rd

Mailing Address: 934 E Lewelling Blvd
Eugene, OR 97401

City: HAYWARD State: CA Zip: 94541

WELL LOCATION: County: Deschutes Latitude: _____ Longitude: _____
DESC 51408

Township: 21 N or (S) Range: 10 (E) or W Section: 14 NW 1/4 1/4

Tax Lot Number: 1401

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: 12766 Approx. Construction Date: 08-22-90

Well Constructor: Mike Well Drilling

Name of Owner at Time of Construction: Jerry Larsen

Well Depth (in feet): 23 Static Water Level (in feet): 9

Diameter of Exposed Well Casing (in inches): 6

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

Application #: G-14653 Permit #: Pending Certificate #: Pending

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

(Office use only)

Well Identification Number: 22972