DEC 2019 51408 51408

STATE OF OREGON

WATER WELL REPORT (4s required by ORS 537.765) WATER RESOURCES DEPT SALEM, OREGON	(START CARD) # _12166
(1) OWNER: Well Number: Well Number:	(9) LOCATION OF WELL by legal description:
Address 1672 B NOXIRIDA	County County Cartude Longitude Longitude Longitude E or W. WM
City LATINE State COX Zip Q 7773	Section JE 14 SW 14
(2) TYPE OF WORK: New Well Deepen Recondition Abandon	Street Address of Well for nearest address 16725 NOILTH R CIS
(3) DRILL METHOD	GOLF COURSE
Rotary Air A Rotary Mud Cable	(10) STATIC WATER LEVEL:
(4) PROPOSED USE:	8ft. below land surface. Date £25-9
Domestic Community Industrial Irrigation	Artesian pressure lb. per square inch. Date
☐ Thermal ☐ Injection ☐ Other	U
(5) BORE HOLE CONSTRUCTION: Decial Construction approval Yes Nov Depth of Completed Well 25t.	Depth at which water was first found
Yes Silv L	9 23 80 9
Explosives used Type Amount Amount HOLE SEAL Amount	
Diameter from To Ce Material From To sacks or pounds	
10/25/25	(12) WELL LOG: Ground elevation
	Material From To SWL
How was seal placed: Method	Top Soil 83
Other	C(14+ COMM 388
Backfill placed fromft. toft. Materialft. Size of gravel	SILT SAND & CLAY & 18
(6) CASING/LINER:	FIND MULTUR SAND 18 23
Digmeter From To Gauge Steel Plastic Welded Threaded	
Casing: 61 + 37 (60	
Liner.	
l.iner.	
inal location of shoe(s)	
PERFORATIONS/SCREENS: A Perforations Method SALDER	
Perforations Method Structure Material Data Structure	
Slot Tele/pipe From To size Number Diameter size Casing Liner	The state of the s
18 23 020 725 6" \ \	522 pg 2 sor
	ORiginal Received
	Date started 8.2390 Completed 8.2590
(8) WELL TESTS: Minimum testing time is 1 hour	(unbonded) Water Well Constructor Certification:
Flowing Pump	I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction
Yield gal/min Drawdown Drill stem at Time	standards. Materials used and information reported above are true to my best knowledge and belief.
thr.	WWC Number 1757
-15 '	Signed Date 11 d 190
Temperature of water Depth Artesian Flow Found	(bonded) Water Well Constructor Certification: I accept responsibility for the construction, alteration, or abandonment
Was a water analysis done?	work performed on this well during the construction dates reported above. all work performed during this time is in compliance with Oregon well
Did any strata contain water not suitable for intended use? ☐ Too little ☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other	construction standards. This report is true to the best of my knowledge belief.
Depth of strata:	Signed

required b	LL REPORT , ors 537.765)	<u> </u>			(START CARD)				
) OWNER:		Well N	lumber:	(9) LOCATIO	NOF WELL by		Longitude		٠.
me 75	S NUCT	Trickie		County 1	Nor S. Range	WE	Longitude	E or W	WM
		State Vin P	2ip (1 7 1/1	Section	_NJE w	نبلگ،	_ 4		
TYPE OF								ision	
Chest Well		Recondition	Abandon	Street Address of	Lot Blo Well (or nearest address)	116 73	<u> </u>	ma.	11'31
DRILLM	ETHOD						, ,		
Rothry Air	Rotary Mud	☐ Cable		1 ' '	WATER LEVEI		_	معن ^{اه}	
COther	1. J. (F				L below land surface. 1b. per so				
) PROPOS	ED USE:	Same a state of the state of th	Horat Live	. I .			- NAVE -		
		Industrial Other	a appears access	1 3	BEARING ZON	න ප්:			
	Injection OLE CONSTI	DEPOPEAN.		Depth at which water w					
WielCommen	approval Yes No	Depth of Com	pleted Well 33t.	From	То	Estim	ated Flow I	Rate	. 5W
Ye		Depth of Cum			1-25		<u> </u>		-
phisives used - C	J JK Type								
HOLE	To / Materia	SEAL i Prom T	Amount sayks or pounds			 			
ameter From	K' CONE	4 31 6	5-105/1	(12) WELL LO	OG:				
				(LE), WELL	Olding the vi	ation			
					Material		From	То	SV
				1/2000	1		<u> - = - </u>	<u> </u>	
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Other				1 5 /2 /				<u> به بر</u>	_
ckfill placed from	ft. to	ft. Material ft. Size of grave	1	1	e. 1 Sec. 11		10	سالاب « لشر	
		Size Of grav			<u> </u>			<u></u>	
B) CASING	/LINEK:	lauge Steel Dissel	ic Welded Threaded						
Diameter	From To G	//							1
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	1 - 1 - 1			Date started S	-> 7 - C	ompleted _		<u> </u>	,
					er Well Constructor		lon		
WEIT T	ESTS: Minim	um testing time	is 1 hour	I certify that	the work I performed	d on the co	onstructio	on, alter	ratio
_	Bailer	. Air	Flowing Artesian	abandonment of the	his well is in complis	ance with	Oregon w	well con	nstru
Pump			Time	standards. Material knowledge and belie	ls used and informatio				
Yield gal/min	Drawdown	Drill stem at					WWC Nu		
50		`	1 hr.	Signed	15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	I	Date	<u>/ ></u>	<u>- </u>
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		Depth Artesian	Tow Found	I accept respo	msibility for the const	truction, al	iteration,		
mperature of water		: ·		work performed o	this well-during the c during this time is	Vin compl	liance wi	ith Ore	egon
as a water analysis	is done? Li Yes ain water not suitable		Too listle	construction stand	ards. This report is tr	uè to the l	best of m	y know	ledge
المستمران	ain water wat	THE DESIGNATION OF THE PERSON	A DAM STANK :	belief.			wwc Nu		

DESC-51408

WELL IDENTIFICATION FORM - 3 1900 wner's Well Number: 1
CURRENT WELL OWNER: WATER RESOURCES DEPT. SALEM, OFFICE Phone 1-510-276-0169
Name: SERRY L LARSEN % Robert A Smejkal Rd
Mailing Address: 934 E Lewelling Blud 97401
City: HAY WARD State: CA Zip: 94541
WELL LOCATION:
County: Deschutes Latitude: Longitude:
Township: 2 Nor(S,) Range: 10 Eor W Section: 14 NW 1/4 1/4
Tax Lot Number: 1401
Street Address of Well (if different from above):
If a well report <u>is</u> 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 <u>is not</u> 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: Miken Well Drilling
Name of Owner at Time of Construction: Serry Law
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 #: 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: