

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765) WATER RESOURCES DEPT.
 SALEM, OREGON

(START CARD) # 13806

(1) OWNER: Jerry LARSEN Well Number: 2
 Name _____
 Address 16725 NORTH RIDGE DR
 City LA PINE State OR Zip 97739

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 21 N or S, Range 10 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

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
6"	0 to 25	Cement	0 to 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
6"	71	25	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Sawed
 Screens Type PVC Material PLASTIC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	25	0.20	725	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 25 Drawdown 10 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: _____

(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 8

From	To	Estimated Flow Rate	SWL
8	25	25	8

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
CLAY	2	4	
CLAY + LOAM	4	8	8
SILT + CLAY	8	18	
BLACK COARSE SAND	18	25	

SEE PG 2 FOR ORIGINAL

Date started 8-24-90 Completed 8-26-90

(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.
 WWC Number 1438
 Signed _____ Date 08-26-90

(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.
 WWC Number _____
 Signed _____ Date _____

DESC 51412

DESC
51412

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

(START CARD) # _____

(1) OWNER: Well Number: 2
Name: Jerry Johnson
Address: 1167 S. 25th Ave
City: ASHTON State: OR Zip: 97107

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable New base
 Other Hand Drilled

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 20 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From	To	Material	seals to be placed
6"	0'	2'	Gravel	1
4"	2'	20'	Gravel	1

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
6"	0'	2'	100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4"	2'	20'		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) new well casing

(7) PERFORATIONS/SCREENS:
 Perforations Method 20'
 Screens Type 20' Material plastic

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
0'	20'	0.020	625	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ 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 _____

(9) LOCATION OF WELL by legal description:
County _____ Latitude _____ Longitude _____
Township 11 N Range 11 W E or W, W _____
Section 11 Block _____ Subdivision _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1167 S. 25th Ave

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

(11) WATER BEARING ZONES:

Depth at which water was first found		
From	To	Estimated Flow Rate

(12) WELL LOG: Ground elevation _____

Material	From	To
Gravel	0'	2'
Gravel	2'	20'

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NOV 10 1997
WATER RESOURCES DEPT.
SALEM, OREGON

Date started _____ Completed _____
(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my 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 work performed during this time is in compliance with Oregon construction standards. This report is true to the best of my knowledge and belief.
WWC Number _____

WELL IDENTIFICATION FORM

Owner's Well Number: 2

JAN - 8 1993

CURRENT WELL OWNER:

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Phone 1-510-276-0169
% Robert A Smejkal
696 Country Club Rd
Eugene OR 97401

Name: JERRY L LARSEN

Mailing Address: 934 E Lewelling Blvd

City: HAYWARD State: CA Zip: 94541

WELL LOCATION:

DESC 51412

County: Deschutes

Latitude: Longitude:

Township: 21 N or S Range: 10 E or W Section: 14 NE 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: 13806 Approx. Construction Date: 08-24-90

Well Constructor: Mike Well Drilling

Name of Owner at Time of Construction: JERRY L LARSEN

Well Depth (in feet): 25 Static Water Level (in feet): 8

Diameter of Exposed Well Casing (in inches): 6

Does this well have a formal water right associated with it? Yes: No: [checked] 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: 22973