

**STATE OF OREGON
 WATER WELL REPORT**
 (as required by ORS 637.785)

(START CARD) # 12405

(1) OWNER: Well Number 3
 Name Tony Lanson
 Address 16725 Northridge Dr
 City Lewiston State Ore Zip 97224

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

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 22 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 18	Cement	0 18	16 Sls	
16"	18 25				

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>22</u>	<u>11.6</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"/>

(7) PERFORATIONS/SCREENS:
 Perforations Method Silico
 Screens Type PVC Material Plastic

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	22	1/2"	25	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: _____

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 21 N or S. Range 10 E or W. WM.
 Section 17 NE 1/4 SW 1/4
 Tax Lot 101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 16725 Northridge Dr

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 8-24-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
9	22	20	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	2	
Plumage	2	4	
Clay & loam	4	8	
Silt & loam	8	18	8
Heavy black sand	18	22	

RECEIVED
 NOV 10 1997
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8-21-90 Completed 8-21-90

(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 1954
 Signed _____ 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.
 WWC Number _____
 Signed _____ Date _____

WELL IDENTIFICATION FORM - 8 1998 Owner's Well Number: 3

CURRENT WELL OWNER:

WATER RESOURCES DEPT.
SALEM, OREGON Phone

1-510-276-0169
c/o Robert A Smejkal
6916 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
51413

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: 13805 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): 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: 22974