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DES 51414

STATE OF OREGON

DEC 22 1997

WATER WELL REPORT  
(as required by ORS 537.765)

WATER RESOURCES DEPT.

(START CARD) # 13804

(1) OWNER:

Name: Jerry Larsen  
Address: 16725 Northridge Dr  
City: Lapine State: OR Zip: 97339

SALEM, OREGON 4

(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   
Explosives used:  Yes  No   
Depth of Completed Well: 25 ft.

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
6"	0 12	Cement	0 10	65 lbs

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:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
					Steel	Plastic	Steel	Plastic		
Casing	6"	7	25	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method: SAWED  
 Screens Type: PVC Material: PLASTIC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	25	.020	75	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
25	10		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: 24 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 Northridge

(10) STATIC WATER LEVEL:

\_\_\_\_\_ 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
9	28	20	9

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	3	
Clay + Loam	3	9	8
Silt w/ Clay	9	17	
Coarse Black Sand	17	25	

SEE PG 2 FOR ORIGINAL

Date started: 8-25-90 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: 082690

(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 51414

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

DESC  
 STATE

(START CARD) # 13804

**(1) OWNER:**

Name Lois Larson Well Number 9  
 Address 16722 Northridge Dr.  
 City Lebanon State OR Zip 97031

**(2) TYPE OF WORK:**

New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD**

Rotary Air  Rotary Mud  Cable  
 Other HUGO

**(4) PROPOSED USE:**

Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval Yes  No  Depth of Completed Well 2 ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
	10" 18"	CRIP	0" 18"	6 sacks
	16" 18"			

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
Casing: 6"	+1	25'	160	<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 sheets: \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method Silvot  
 Screens Type 20 Material plastic

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25'	25'	0.25"	75	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 \_\_\_\_\_

25	10			1 hr.
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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 Easting \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 51 Nor S. Range 10 E or W. WM. \_\_\_\_\_  
 Section 67 NE W. SW W. \_\_\_\_\_  
 Tax Lot 1001 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 16722 Northridge Dr.

**(10) STATIC WATER LEVEL:**

8 ft. below land surface. Date 2-1-98  
 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
9	28	20	9

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0		
Plastic			
Clay & Lignite	5	9	8
Silt & clay	9	17	
Coarse Block sand	17	25	

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NOV 10 1997

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 2-1-98 Completed 2-1-98

**(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 1115  
 Signed [Signature] Date 2-1-98

**(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.

WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

WELL IDENTIFICATION FORM

Owner's Well Number: 4

CURRENT WELL OWNER:

WATER RESOURCES DEPARTMENT  
SALEM, OREGON

Phone: 1-541-276-0169  
% 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 51414

County: Deschutes Latitude: Longitude:

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: 13804 Approx. Construction Date: 08-24-90

Well Constructor: Mike Well Drilling

Name of Owner at Time of Construction: JERRY LARSEN

Well Depth (in feet): 25 Static Water Level (in feet): 0

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:

22975