

STATE OF OREGON

WATER WELL REPORT WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 13807

(1) OWNER: Name Jerry Larsen Well Number: 5 Address 16725 Northridge Dr City Linn State OR Zip 97139

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

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [X] Other Auger

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No [X] Depth of Completed Well 25 ft. Explosives used [] Type Amount

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Includes handwritten entries for 6 inch diameter hole, cement seal, and 6 sacks.

How was seal placed: Method [] A [] B [X] [] D [] E Backfill placed from ___ ft. to ___ ft. Material Gravel placed from ___ ft. to ___ ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes handwritten entry for 6 inch casing, 1 inch gauge, 25 feet length.

Final location of sheet(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes handwritten entries for 21 to 25 feet depth, 0.020 slot size, 7 screens, 6 inch diameter.

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump [] Bailer [] Air [] Flowing Artesian. Yield gal/min 25, Drawdown 10, Drill stem at 1 hr.

(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 140 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: Table with columns: From, To, Estimated Flow Rate, SWL. Includes handwritten entry for 9 to 28 feet depth, 20 gpm flow rate, 9 feet SWL.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Includes handwritten entries for Top Soil, Pumice, Clay & Loam, Silt w/Clay, Coarse Sand Fine Gravel.

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. 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. WWC Number Date

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 557.705)

(START CARD) 13207

(1) OWNER: Well Number: 5
 Name: Jerry Luss
 Address: 16735 Northridge Dr.
 City: LAVERNE State: ORE 97138

(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:
 Discontinuing approval: Yes No
 Depth of Completed Well: 92.5 ft.
 Expansive soils: Yes No

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
10"	0' to 18'	Concrete	0' to 18'	6 sacks
6"	18' to 20'			

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: 6"	0'	20'	11.625	<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: open
 Screens Type: WVS Material: WVS

From	To	Size	Number	Diameter	Tele/pipe size	Casing	Liner
20'	22'	0.20"	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
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: 21 N or S. Range: 10 E or W. W1
 Section: 14 NE 1/4 SW 1/4
 Tax Lot: 441 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address): 16735 Northridge Dr.

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date: 8-27-97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found: 9'

From	To	Estimated Flow Rate
9'	20'	30

(12) WELL LOG: Ground elevation _____

Material	From	To	S
Top Soil	0	3	
Humus	3	2	
Clay & loam	2	7	
Silt w/ clay	9	12	
Coarse Sand Fine Gravel	17	23	

RECEIVED
 NOV 10 1997
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started: 8-27-97 Completed: 8-27-97

(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: [Signature] WWC Number: 143
 Date: 11-1-97

(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.

Signed: _____ WWC Number: _____
 Date: _____

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WELL IDENTIFICATION FORM

Owner's Well Number: 5

JAN - 8 1993

CURRENT WELL OWNER:

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Phone 1-541-276-0169

Name: JERRY L LARSEN

C/o Robert A Smejkal
1696 Country Club Rd
Eugene OR 97401

Mailing Address: 934 E Lewelling Blvd

City: Hayward State: CA Zip: 94541

WELL LOCATION:

DESC 51415

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: 13807 Approx. Construction Date: 08-29-90

Well Constructor: Mike Well Drilling

Name of Owner at Time of Construction: Jerry Larsen

Well Depth (in feet): 25 Static Water Level (in feet): 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: 22976