

RECEIVED

JAN 26 1998

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 13822

START CARD # 106805

*Desc
51511*

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
 Name Jim Goodell
 Address 3240 SW 81st
 City Redmond State ore Zip 97758

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 420 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	34	bentonite	0	34	28

How was seal placed: Method A B C D E
 Other pour dry

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: 8	71	39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	0	420	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot Number	Diameter	Tele/pipe size	Casing	Liner
400	420	7/16	225	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input 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
30			1 hr.

Temperature of water 55° 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 15S N or S Range 12E E or W. WM.
 Section 26 NW 1/4 NW 1/4
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 3240 SW 81st

(10) STATIC WATER LEVEL:
380 ft. below land surface. Date 1/19/98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 400

From	To	Estimated Flow Rate	SWL
380	420	30	380

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Logm broken Rock	0	6	
Rock + clay	6	22	
Lava gray	22	75	
sandstone brown	77	122	
Lava black + red	122	190	
basalt brown	190	225	
Lava black + red	225	240	
gray lava soft	240	265	
sand black	265	275	
sandstone brown	275	286	
black sand	286	298	
sandstone black	298	347	
Lava gray soft	347	360	
conglomerate of gravel + sand	360	420	380'

Date started 1-8-98 Completed 1-19-98

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____
 Signed _____ 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. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 758
 Signed 7LRP Date 1/19/98