

RECEIVED ESC 51515

Amended (12)
L 21964

STATE OF OREGON
WATER SUPPLY WELL REPORT

JAN 30 1998

WELL I.D.#

(as required by ORS 537.765)

WATER RESOURCES DEPT.

DESC 51515

(START CARD) # 102641

Instructions for completing this report are on the back of this form.

(1) OWNER: Well Number _____
Name Circle C Water Dist Charlie
Address 6754 NW 10th (Vickery)
City Terrebonne State Ore. Zip 97760

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	294	Bentonite	0	294	31
8"	294	270				

How was seal placed: Method A B C D E
 Other Poured in 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: 10	0	294	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	-10	270	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 Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
250	270	4x4	608	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500+	0	265	10

Temperature of water 61 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 14 N or S Range 13 E or W. WM.
Section 210 SW 1/4 SW 1/4
Tax Lot 6200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 17th + Lynch Ave
Terrebonne, Ore. 97760

(10) STATIC WATER LEVEL:
112 ft. below land surface. Date 1-27-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 183

From	To	Estimated Flow Rate	SWL
183	270		

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Loose Red Cinders	3	22	
Red Sandstone	22	51	
Black Cinders	51	68	
Red Cinders	68	183	112
W.B. Brown Congl.	183	206	
W.B. Brown Sandstone	206	260	
W.B. Broken Lava	260	270	

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OCT 19 2008

WATER RESOURCES DEPT
SALEM, OREGON

Date started 1-26-98 Completed 1-27-98
(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.

Signed Helper Jeff Randall WWC Number _____ Date 1-27-98
(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Doug Skon WWC Number 1255 Date 1-27-98

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 DESCHUTES COUNTY
 51515
 WELL I.D.# _____

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8	294 270		

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 Other Poured in Dry
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 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	0	294	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	-10	270	1.88	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
250	270	1/4	4	608	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Signed Doug Kim WWC Number 1255 Date 1-27-98