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

WATER RESOURCES DEPT. WELL I.D. # L 20699
SALEM, OREGON START CARD # 110411

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

(1) OWNER:

Well Number _____
Name RICHARD STEINFIELD
Address 10001 RIVERGATE BLVD
City PORTLAND State OR Zip 97205

(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 380
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>14</u>	<u>0</u>	<u>38</u>	<u>BENTONITE</u>	<u>0</u>	<u>20</u>	<u>24 SACKS</u>

How was seal placed: Method A B C D E

Other POURED
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	Material			
					Steel	Plastic	Welded	Threaded
Casing:	<u>10</u>	<u>72</u>	<u>380</u>	<u>20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method MACHPONE
 Screens Type _____ Material _____
From 310 To 350 Slot size 1/8 X 3/16 Number _____ Diameter 7/10 Casing Liner

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
<u>200+</u>		<u>350</u>	<u>1 hr.</u>

Temperature of water 53 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 16 N or S Range 11 E or W. WM.
Section 4 S1/4 1/4 S1/4 1/4
Tax Lot 804 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SMOCCOCK LN
BEND OR

(10) STATIC WATER LEVEL:

276 ft. below land surface. Date 2-12-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 276

From	To	Estimated Flow Rate	SWL
<u>276</u>	<u>290</u>		<u>276</u>
<u>290</u>	<u>300</u>		<u>276</u>
<u>300</u>	<u>350</u>		<u>276</u>

(12) WELL LOG:

Material	From	To	SWL
<u>TOPSOIL & GRAVEL</u>	<u>0</u>	<u>9</u>	
<u>PLAIN TUFF</u>	<u>9</u>	<u>55</u>	
<u>BROWN ASH</u>	<u>55</u>	<u>101</u>	
<u>GRAY BASALT</u>	<u>101</u>	<u>110</u>	
<u>BROWN CLAY CONG.</u>	<u>110</u>	<u>150</u>	
<u>GRAY BASALT</u>	<u>150</u>	<u>253</u>	
<u>FINE GRAY BASALT w/frag</u>	<u>253</u>	<u>290</u>	<u>276</u>
<u>BROWN CONG. w/frag</u>	<u>290</u>	<u>300</u>	
<u>FINE GRAY BASALT w/frag</u>	<u>300</u>	<u>380</u>	

Date started 1-27-98 Completed 2-12-98

(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 [Signature] WWC Number 1505
Date 2-13-98

(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 [Signature] WWC Number 1505
Date 2-13-98