

Desc
51830

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

WELL I.D. # L 2582C
START CARD # 110387

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

(1) OWNER: Richard Schendel Well Number _____
Name Richard Schendel
Address P.O. Box 228
City Scappoose State OR Zip 97050

(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 655 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	19	BENTONITE	19		9 SACKS
8	19	655				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8	0	19	20	☒	☐	☒	☐
Liner: 6	19	655	18	☒	☐	☒	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
635	655	1/8	3	22.8		☐	☒

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
50+		655	1 hr.

Temperature of water 54 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 Deshutes Latitude _____ Longitude _____
Township 14 N or S Range 4 E or W. WM.
Section 28 NE 1/4 SE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6950 Harms Rd.
SESTER OR.

(10) STATIC WATER LEVEL:
550 ft. below land surface. Date 8-11-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 550

From	To	Estimated Flow Rate	SWL
550	552		550
555	619		550
619	655		550

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SANDY SOIL & ROCK	0	4	
GRAY BASALT	4	88	
BRECCIA CONG.	88	220	
GRAY BASALT	220	230	
FRAC GRAY BASALT	230	242	
BAN S/S CONG.	242	290	
GRAY BASALT	290	310	
BAN S/S CONG.	310	417	
M/K CONDS	417	440	
GRAY BASALT	440	545	
RED COND.	545	552	550
GRAY BASALT	552	575	
FRAC GRAY BASALT	575	619	
BAN S/S CONG.	619	655	

RECEIVED
AUG 17 1998
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-6-98 Completed 8-11-98
(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 1595 Date 8-12-98

(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 1595 Date 8-12-98