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

WELL I.D. # L 09862
START CARD # 114486

Instructions for completing this report are on the last page of this WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name Richard & Leann Shrake
Address P.O. Box 4490
City Sunriver State Ore Zip 97707

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
12	0 105	Neal Cem.	10 105	5	xds.
8	105 110	Bentonite	0 10	6	

How was seal placed: Method A B C D E
 Other Bent. 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: 8	+2	105	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele./pipe size	Casing	Liner
					NONE		<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 300+ Drawdown 0 Drill stem at 305 Time 1 hr.

Temperature of water 48 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 20 N or S Range 11 E or W. WM.
Section 300 NE 1/4 SE 1/4
Tax Lot 703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 9-8-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 48'

From	To	Estimated Flow Rate	SWL
106	110	300+	14

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	6	
Brown Clay Stone	1	6	
Brown clay congl.	9	48	14
W.B. Course Congl.	48	89	
Brown Clay Stone	89	106	
W.B. Fractured Basalt	106	110	

Date started 9-3-98 Completed 9-8-98
(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 Jeff Randall WWC Number _____ Date 9-8-98
(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 Adam WWC Number 1255 Date 9-8-98