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WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.# L19992

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

(START CARD) # 77152

Instructions for completing this report are on the last page

(1) OWNER: Well Number _____

Name Kelly McFarland

Address P.O Bx 1213

City Redmond State OR Zip

(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 355 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12	0	21	BENTONITE	0	21	10 Sacks

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Poured 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"	+1	21	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15	0		1 hr.

Temperature of water 52 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 15 N or S Range 13 E or W. WM.

Section 10 NE 1/4 SW 1/4

Tax Lot 800 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 1120 NE 11th Redmond

(10) STATIC WATER LEVEL:

295 ft. below land surface. Date 9-11-98

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 295

From	To	Estimated Flow Rate	SWL
295	340	30 gpm	295

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Grey Basalt	0	23	
Red cinder	23	31	
Brown sandstone	31	49	
Grey Lava	49	97	
Brown Conglomerate	97	216	
Red sandstone	216	257	
Brown sandstone	257	289	
Black sand fine	289	293	
Black sand medium	293	340	295
Brown sandstone	340	355	

Date started 8-10-98 Completed 10-9-98

(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 1495

Signed [signature] Date 10-9-98

(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.

WWC Number 1609

Signed [signature] Date 10-27-98

ORIGINAL & FIRST COPY WATER RESOURCES DEPARTMENT SECOND COPY CONSTRUCTOR THIRD COPY CUSTOMER