

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

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

WELL I.D. # L 23654

START CARD # 102315

(1) OWNER: Well Number _____
Name Mr. Terry Anderson
Address 18540 Plainview Rd.
City Bend State Ore Zip 97701

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	38 1/2'	bentonite	0	38 1/2'	16 sks
10"	38 1/2'	370'				

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: 10"+	1 1/2'	38 1/2'	250	☒	☐	☒	☐
Liner: 8"	-10'	370'		☒	☐	☒	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele./pipe size	Casing	Liner
-330	-370	1/8x3	620	8"		☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
200+	unknown	370'	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 15S N or S Range 11E E or W. WM.
Section 34 SE 1/4 SW 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

18540 Plainview Rd.
(10) STATIC WATER LEVEL:
250 ft. below land surface. Date 10-23-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 250

From	To	Estimated Flow Rate	SWL
250	370	200+	250

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(12) WELL LOG:

Ground Elevation _____ WATER RESOURCES DEPT.
SALEM, OREGON

Material	From	To	SWL
sandy top soil	0	2'	
brkn rock congl	2'	9'	
black sandstone	9'	30'	
brwn clay congl	30'	63'	
fract gray lava	63'	86'	
red cinder congl	86'	99'	
brkn gray lava	99'	127'	
brkn rock congl	127'	134'	
fract gray lava	134'	165'	
brkn rock congl	165'	202'	
fract gray lava	202'	253'	250'
brkn rock brwn clay	253'	269'	
brkn gray lava	269'	300'	
red cinder congl	300'	326'	
hard gray lava	326'	338'	
brkn rock congl	338'	370'	

Date started 10-21-98 Completed 10-23-98

(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 _____ WWC Number _____ Date _____

(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 Jake Skelton WWC Number 1658 Date 11-2-98