

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. # 29203
START CARD # 114511

(1) OWNER: Well Number _____
Name Katherine Morris
Address 4050 NE Walnut
City Redmond State ORC Zip 97756

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

HOLE SEAL
Diameter From To Material From To Sacks or pounds
12 0 32 Bentonite 0 32 17
8 32 298 _____
6 298 335 _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other 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 32 .250 ☒ ☐ ☒ ☐
Liner: 6 -10 298 .188 ☒ ☐ ☒ ☐

Final location of shoe(s)
(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From To Slot size Number Diameter Tele/pipe size Casing Liner
NONE

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min Drawdown Drill stem at Time
25+ 0 330 10

Temperature of water 60° 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 14 N or S Range 13 E or W. WM.
Section 36C NE 1/4 SE 1/4
Tax Lot 2200 Lot 3 Block 19 Subdivision _____
Street Address of Well (or nearest address) 4050 NE Walnut Redmond, ORC

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

(11) WATER BEARING ZONES:
Depth at which water was first found 261

From	To	Estimated Flow Rate	SWL
<u>261</u>	<u>295</u>	<u>25+</u>	<u>238</u>
<u>295</u>	<u>335</u>	<u>25+</u>	<u>238</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>3</u>	
<u>Lava</u>	<u>3</u>	<u>12</u>	
<u>Broken Lava</u>	<u>12</u>	<u>25</u>	
<u>Lava</u>	<u>25</u>	<u>51</u>	
<u>Broken Lava</u>	<u>51</u>	<u>56</u>	
<u>Lava</u>	<u>56</u>	<u>117</u>	
<u>Black Sand (soft)</u>	<u>117</u>	<u>172</u>	
<u>Brown Sand (stony)</u>	<u>172</u>	<u>261</u>	<u>238</u>
<u>W.B. Black Sand</u>	<u>261</u>	<u>295</u>	
<u>W.B. Brown Congl.</u>	<u>295</u>	<u>335</u>	

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NOV 16 1998
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11-11-98 Completed 11-11-98
(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 Jeff Randall WWC Number _____ Date 11-11-98

(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 Allen WWC Number 1255 Date 11-11-98