

DESC
52134

JAN 28 1999

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765) WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 27976
START CARD # 114530

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

(1) OWNER: Well Number _____
Name Don Poor
Address 63930 N. Hwy 97
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 740 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	25	Bentonite	0	25	16
8	25	600				
6	600	740				

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	+1/2	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	-2	602	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	5 I.D.	580	740	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
700	740	1/8	370	5 I.D.		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
5	0		1 hr

Temperature of water 50° 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 17 N or S Range 12 E or W. WM.
Section 9A SE 1/4 NE 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 63930 N. Hwy 97
Bend, Ore. 97701

(10) STATIC WATER LEVEL:
674 ft. below land surface. Date 1-21-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 678

From	To	Estimated Flow Rate	SWL
678	740	5	674

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	3	
Lava	3	8	
Broken Lava	8	19	
Lava	19	81	
Red cinders	81	99	
Lava	99	104	
Brown Congl.	104	139	
Broken Lava	139	156	
Brown sand stone	156	199	
Lava	199	294	
Brown sand stone	294	628	
Broken Lava	628	634	
Red cinders	634	600	
Lava	600	612	
Broken Lava	612	641	
Crevasse (No Returns)	641	642	
Broken	642	667	
SOFT	667	678	674
W.B. Broken Lava	678	740	

Date started 1-18-99 Completed 1-21-99

(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 Helpen Jeff Randall WWC Number _____ Date 1-21-99

(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 Simon WWC Number 1255 Date 1-21-99