/ DESC 52270 original started card 21664

DESC 52270

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

Well ID L24136 (START CARD) # 35396

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

(1) OWNER: Well Number
Name Michael Schlosser
Address 6400 NW 66th
City Redmond State OR Zip 97756

(2) TYPE OF WORK
☐ New Well ☐ Deepening ☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other

DRAFT

(4) PROPOSED USE:
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 150 ft.
Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
6"	170	150				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other
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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6"	-10	?	14g	☒	☐	☐	☐
					☐	☐	☐	☐

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
4			1 hr.

Temperature of water 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 Desch Latitude Longitude
Township 14 S N or S Range 12E E or W. WM.
Section 24C 36 1/4 SE 1/4
Tax Lot 1400 Lot 21 Block 4 Subdivision
Street Address of Well (or nearest address) 6400 NW 66th

(10) STATIC WATER LEVEL:
135 ft. below land surface. Date 5-17-98
Artesian pressure lb. per square inch. Date

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation

Material	From	To	SWL
Cleaned Sand out of Liner	160	169	
Blacksand & Pumice	169	150	135
Liner was -4 until Drilled To 150. Liner Slipped To -10			
estimated Liner Depth 175'			

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APR 1 1999
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-17-98 Completed 5-

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonme 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 knowledg and belief.
WWC Number
Signed 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.
WWC Number
Signed Date

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

DESC 52270

WELL IDENTIFICATION FORM

COMPLETED

Owner's Well Number: _____

CURRENT WELL OWNER: Phone 923-8225

Name: Michael and Ann Schlosser

Mailing Address: 6400 NW 66th St.

City: Redmond State: Or Zip: 97756

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL LOCATION:

County: Deschutes Latitude: _____ Longitude: _____

Township: 14 N or S, Range: 12 E or W Section: 24 CD 1/4 _____ 1/4

Tax Lot Number: 1400

Street Address of Well (if different from above): _____

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: unknown

Well Constructor: _____

Name of Owner at Time of Construction: Steve Turner

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: ____ No: ____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

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WATER RESOURCES DEPT.
SALEM, OREGON

(Office use only)

Well Identification Number: L- 24136 ~~L 24994~~

LDM/Sharon 5-18-99