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APR 19 1999

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.  
SALEM, OREGON

WELL I.D. # 25821  
START CARD # 118602

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

(1) OWNER: Well Number \_\_\_\_\_  
Name TERRY BURGESS  
Address P.O. Box 1867  
City SISTERS State OR Zip 97159

(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 325 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12	0	29	BENTONITE	0	29	18 SACKS	
8	29	325					

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 \_\_\_\_\_

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8	71	29	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	0	320	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method MAC/HAVE  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele./pipe size	Casing	Liner
300	320	1/4"	3	2 3/8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
157		325	1 hr.

Pump  Bailer  Air  Flowing Artesian

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 11 E or W. WM.  
Section 31 S/E 1/4 N/E 1/4  
Tax Lot 202 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 67070 PARADISE ALLEY BEND OR 97201

(10) STATIC WATER LEVEL:  
267 ft. below land surface. Date 3-30-99  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 290

From	To	Estimated Flow Rate	SWL
290	325		267

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
BROWN & ROCK	0	12	
GRAY BASALT	12	50	
FRAG GRAY BASALT	50	83	
LL SOFT	83	150	
HARD	150	155	
RG GRAY BASALT	155	180	
FRAG GRAY BASALT	180	230	
BROWN CLAY SAND	230	255	
GRAY BASALT	255	290	267
FRAG GRAY BASALT W/S	290	325	

Date started 3/26/99 Completed 3/30/99  
(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 [Signature] WWC Number 1575 Date 4/4/99  
(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 [Signature] WWC Number 1575 Date 4/4/99