

RECEIVED

MAY 12 1999

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 27958

START CARD # 120137

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form. **OTHER RESOURCES DEPT.**

SALEM, OREGON

(1) OWNER:

Well Number

Name Don Frisbee
Address 1500 S.W. 1st Ave.
City Portland State ORE. Zip 97201

(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 330 ft.

Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	185	Bentonite	0	185	19
8	185	260				
6	260	330				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Pard 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 1/2	18 1/2	250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6	-10	260	188	☒	☐	☒	☐
					☐	☐	☐	☐

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
220	260	1/4	385	6		☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing ☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
25+	0	310	1 hr

Temperature of water 48° 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 43° 15' N Longitude 120° 30' W
Township 15 N or S Range 10 E or W. WM.
Section 20 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 67887 Three
Creeks Rd. Sisters, Ore.

(10) STATIC WATER LEVEL:

180 ft. below land surface. Date 5-4-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 221

From	To	Estimated Flow Rate	SWL
221	226	25+	185

(12) WELL LOG:

Ground Elevation _____

[illegible]

Date started 5-3-99 Completed 5-4-99

(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 Bill Randall WWC Number _____ Date 5-4-99

(bonded) Water/Wall 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 1255
Signed Doris Adams Date 5-4-99