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WATER RESOURCES DEPT.
SALEM, OREGON

DESC 52521

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. # L 23658
START CARD # ~~102294~~ 102309

(1) OWNER: Well Number _____
Name Bill & Sharon Arbieter
Address 21333 Gift Pl.
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 550 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
	undisturbed					
	undisturbed					

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:	undisturbed				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	no liner				☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method n.a.
☐ 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
			1 hr.
n.a.	n.a.	n.a.	n.a.

Temperature of water n.a. 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 Descjutes Latitude _____ Longitude _____
Township 16S N or S Range 12E E or W. WM.
Section 14 NE 1/4 SW 1/4
Tax Lot 700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
21333 Gift Pl.

(10) STATIC WATER LEVEL:
480 ft. below land surface. Date 7-19-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 480'

From	To	Estimated Flow Rate	SWL
480'	550'	n.a.	480'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
well had surface water coming			
into well along with wood			
being throwed in by vandalism.			
Effort was made to correct			
problem with a special standards			
procedure using concrete			
and cement/sand grout. However			
procedure failed and decision			
was made to abandon the well			480'

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Date started 7-15-99 Completed 7-19-99

(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.
WWC Number TRAINEE
Signed [signature] Date 7-21-99

(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.
WWC Number 1658
Signed [signature] Date 7-21-99

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