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SEP 01 1999

WATER RESOURCES DEPT. SALEM, OREGON

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

WELL I.D. # L 23658

START CARD # ~~102294~~ 102312

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

(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
			N.A.			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other abandoment

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:	N.A.				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	N.A.				☐	☐	☐	☐
					☐	☐	☐	☐

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
	N.A.					☐	☐
						☐	☐
						☐	☐
						☐	☐

(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.		

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 Deschutes 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 7-21-99

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found N.A.

From	To	Estimated Flow Rate	SWL
N.A.	N.A.	N.A.	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Well was abandoned because of vandalism and surface water			N.A.

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Date started 7-21-99 Completed 7-22-99

(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 Mark Kotal Date 7-22-99

(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 John Skiles Date 7-22-99

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