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STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L20423

START CARD # 110008

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

(1) OWNER: Well Number #1
Name JAMES E. BUSSARD
Address 15 SW COLORADO AVE # C
City BEND State OR Zip 97702

(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 362 ft.
Explosives used Yes No Type - Amount -

HOLE			SEAL			Sacks or pounds	
Diameter	From	To	Material	From	To		
12	0	18	BENTONITE	0	18	9	SACKS
8	18	370					

How was seal placed: Method A B C D E
 Other POURED DOWN DRY
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	+2	23	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	6	-2	362	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 MACHINE CUT
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
322	362	1/8x4	480	6"	-	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
Yield gal/min 40 Drawdown 0 Drill stem at 368 Time 1 hr.

Temperature of water 54° 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 17 N or S Range 11 E or W. WM.
Section 22 NE 1/4 NW 1/4
Tax Lot 00-2724 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
BULL SPRINGS-TREE FARM-OFF SHEVLIN PARK RD

(10) STATIC WATER LEVEL:
271 ft. below land surface. Date 7-24-99
Artesian pressure - lb. per square inch. Date -

(11) WATER BEARING ZONES:
Depth at which water was first found 345'

From	To	Estimated Flow Rate	SWL
345	365	40+GPM	271

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
SANDY SOIL & GRAVEL	0	12	
TAN SS	12	16	
TAN SS CONG	16	70	
WHITE PUMICE	70	100	
TAN SS	100	110	
RED SS	110	195	
RED LAVA CONG	195	225	
BROWN SS	225	260	
GREY LAVA-BROKEN	260	345	
VESICULAR GRAVELS	345	348	271
GREY BASALT-BROKEN	348	365	
TAN CONG	365	370	

Date started 7-20-99 Completed 7-24-99

(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 _____
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 1556
Signed *David Smith* Date 7-26-99