

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 ID # L **32860**

(START CARD) # **126683**

De 5C 52 862

(1) OWNER: Well Number: #**3**
 Name **Terrebonne Domestic Water District**
 Address **P.O. Box 31**
 City **Terrebonne** State **OR** Zip **97780**

(2) TYPE OF WORK:
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Other

(4) PROPOSED USE: **MAR 1 2000**
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **590** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
12in	0	19	Granular	0			
8in	19	395	Bentonite		19	14 sacks	
6in	395	590					

How was seal placed: Method A B C D E
 Other **Poured 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-in	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6-in	+2	395	.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 **factory**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
315	395	3/16	960	6-in		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
45	112'	357	.25 hr.
145	2	420	4.25 hr.

Temperature of Water **56** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom **Coffey Labs**
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: **294-301 & 352-377**

(9) LOCATION OF WELL by legal description:
 County **Deschutes** Latitude _____ Longitude _____
 Township **14S** N or S. Range **13E** E or W. of WM.
 Section **16CD** **SE** 1/4 **SW** 1/4
 Tax lot **800** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **8300 5th Street, Terrebonne, OR 97760**

(10) STATIC WATER LEVEL:
304 ft. below land surface. Date **2/16/2000**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **294**

From	To	Estimated Flow Rate	SWL
294	301	15-20	243
352	377	25-30	243
468	474	150-200	304
474	494	150-200	304

(12) WELL LOG: Ground elevation **2876'**

Material	From	To	SWL
Sandy Top Soil & Broken Lava	0	2	
Brown Lava	2	6	
Blue Gray Basalt	6	39	
Red Cinder Rock	39	56	
Brown & Red Cinders	56	78	
Tan Tufted Ash	78	90	
Brown & Red Cinders & Brown Lava	90	110	
Black Cinders & Tufted Ash	110	171	
Blue Gray Basalt	171	220	
Hard Black & Gray Basalt - Broken	220	294	
Large Red Cinders - WB	294	301	243
Broken Gray Lava	301	319	243
Hard Gray Basalt	319	352	243
Brown Cinder Rock & Blk Sand WB	352	377	243
Broken Gray Lava	377	395	243
Gray Broken Lava	395	402	243
Gray & Brown Lava	402	428	243
Brown & Red Cinders, Brn Sand WB	428	453	304
Black & Brown Lava Rock WB	453	468	304
Red Cinders & Ash WB	468	474	304
Brown Cinders & Ash WB	474	494	304
Brown Lava	494	528	304
Red Cinder & Pumick Chunks -firm	528	545	304
Cinder & Pumice Ash w blk cinders	545	582	304

Continued on next page
 Date started **2/25/2000** **2/16/00** completed **2/16/2000** **2/25/00**

(unbonded) Water Well Constructor Certification:
 I certify that the work 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 my best knowledge and belief.
APR 05 2000

Signed _____ WWC Number _____
 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.
 Signed **Robert D. Buckner** WWC Number **1385**
 Date **2/25/01**

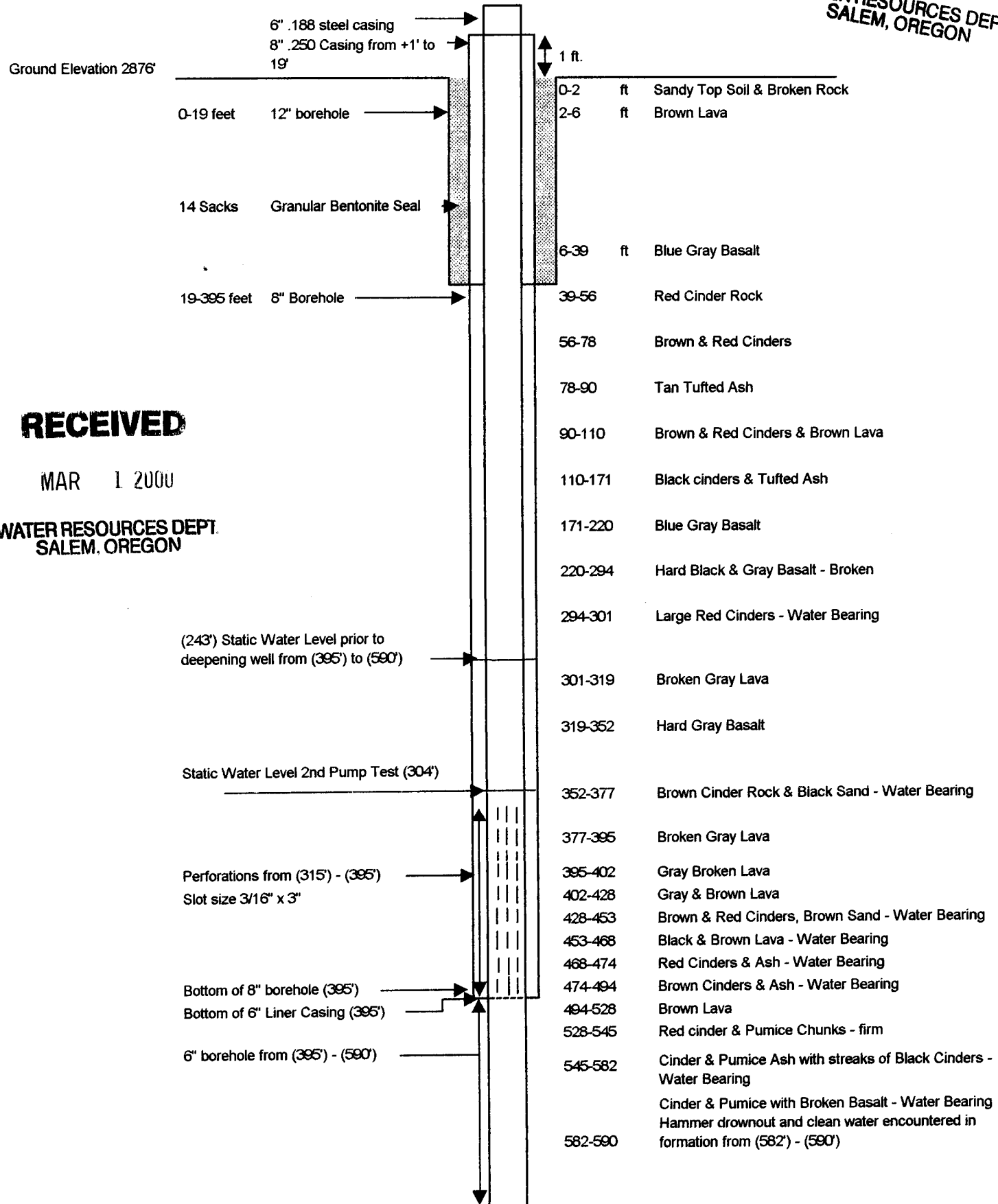
TERREBONNE DOMESTIC WATER DISTRICT

TEST WELL DIAGRAM

RECEIVED

APR 05 2000

WATER RESOURCES DEPT.
SALEM, OREGON



RECEIVED

MAR 1 2000

WATER RESOURCES DEPT.
SALEM, OREGON