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52939

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

WELL I.D. # L 36 203
START CARD # W126273

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

(1) OWNER: Well Number _____
Name JIVANJEE ARCHITECT- SAJ
Address 9055 SW BEAVERTON HILLSDALE HWY
City PORTLAND State OR. Zip 97225

(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 28 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10</u>	<u>0</u>	<u>18</u>	<u>Hole plug</u>	<u>0</u>	<u>18</u>	<u>450 LBS</u>
<u>6</u>	<u>18</u>	<u>28</u>				

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: <u>6</u>	<u>1</u>	<u>28</u>	<u>260</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>5</u>	<u>8</u>	<u>28</u>	<u>160</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method SAW CUT
 Screens Type 160 Material P.P

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>8</u>	<u>28</u>	<u>020</u>	<u>1300</u>	<u>5</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>15</u>	<u>3</u>		<u>4 HR 1hr</u>

Temperature of water 43 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 NO
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County DESCHUTES Latitude _____ Longitude _____
Township 22 N or S Range 10 E or W. WM.
Section NW 1/4 NW 1/4
Tax Lot 301 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 16137 BURGESS RD
LA PINE, OR. 97739

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 4-6-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 12

From	To	Estimated Flow Rate	SWL
<u>12</u>	<u>28</u>	<u>10-12 gpm</u>	<u>12</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Pumice gravel clay</u>	<u>0</u>	<u>12</u>	<u>12</u>
<u>cindeas sand</u>	<u>12</u>	<u>28</u>	

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APR 24 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-6-00 Completed 4-6-00

(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 _____ 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 [Signature] WWC Number 1559 Date 4-15-00