

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(START CARD) # 131181

(1) OWNER:

Well Number: #2

Name **Maleco**Address **P.O. Box 9039**City **Salem**State **OR** Zip **97305****(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 **675** ft.Explosives used ☐ Yes ☒ No Type Amount

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
7 7/8	318	507	Not Disturbed				
6 in	507	675					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other **Not Disturbed**

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: 6 in	-307	507	.188	☒	☐	☐	☐

Liner:

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:☐ Perforations

Method

☐ 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

25-30**120'****600****1 hr.**Temperature of Water **57** Depth Artesian Flow foundWas a water analysis done? ☐ Yes By whomDid 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 **14S** N or S. Range **10E** E or W. of WM.
 Section **17** SW 1/4 NW 1/4
 Tax lot **306** Lot Block Subdivision
 Street Address of Well (or nearest address) **70875 Indian Ford Rd., Sisters, OR**

(10) STATIC WATER LEVEL:

203 ft. below land surface. Date **8/4/2000**
 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:Depth at which water was first found **642**

From	To	Estimated Flow Rate	SWL
642	675	30+	203

(12) WELL LOG:

Ground elevation

Material	From	To	SWL
Tan Conglomerate	318	402	203
Gray Ash Tuft	402	463	203
Medium Gray Basalt	463	481	203
Gray Ash	481	502	203
Medium Gray Basalt	502	642	203
Red Cinder Conglomerate WB	642	673	203
Gray & Brown Conglomerate	673	675	203

Subject well had gone basically dry with only 1/2 to 1 gpm before deepening of well.

RECEIVED**AUG 14 2000****WATER RESOURCES DEPT.
SALEM, OREGON****WESTERN WATER DEVELOPMENT****P.O. Box 1670****Redmond, OR 97756**Date started **8/1/2000**Completed **8/4/2000****(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 my best 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 **Robert Buckner** WWC Number **1385**
 Date **8/10/01**

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER