DESC 54797 WELL I.D.# _____

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

(START CARD) # 108220

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

(1) OWNER: Well Number _____

Name Kim Russell

Address PO Box 2505

City Lapine Ore. State 97739 Zip

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [X] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger

[ ] Other _____

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 64 ft.

Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18'	Bent	0	18'	9 sacks
6'	18'	64'				

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] 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:	6"	+1'	64"	.25	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[X] Perforations Method Torch

[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
54	63'	1/8x6	36			XX	

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

[X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	total		1 hr.

Temperature of water _____ 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 22s N or S Range 10e E or W. WM.

Section 13B sw 1/4 nw 1/4

Tax Lot 300 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

16840 Finley Butte Rd.

(10) STATIC WATER LEVEL:

19 ft. below land surface. Date 6/12/02

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	64	2gpm	19

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Pumice soil	0	1'	
Clay sand gravel	1'	16'	
Clay sand	16'	20'	
Sand gravel silt	20'	46'	19'
Clay sand silt	46'	64'	19'
Abandonded with 12 sacks 3/4" bentonite and 1 sack neat cement			
Pulled casing			

RECEIVED
JUL 10 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5/24/02 Completed 6/12/02

(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 1645

Signed _____ Date 7/8/02

(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 1645

Signed _____ Date 7/8/02

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