

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

DESC 54968

WELL ID # L 50208
START CARD # 82085

(1) OWNER:

Well Number: Well A
Name: LaPine Community Water District
Address: P.O. Box 2867
City: LaPine State: OR Zip: 97739

(2) TYPE OF WORK:

(repair/)
 New Well Deepening Alteration/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 251'

Explosives Used Yes No Type: _____ Amount: _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	sacks or pounds
17"	0'	30'	Cement	0'	30'	66 Sacks
15"	30'	129'	Cement	30'	129'	176 Sacks
15"	129'	151'				
12"	151'	251'				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from: _____ to: _____ Material: _____
from: _____ to: _____ Material: _____

Gravel placed from: _____ to: _____ Size of gravel: _____

(6) CASING/LINER:

CASING:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
12"	+4'	151'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LINER:

10"	-143'	154'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	-204'	-221'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of Shoe(s): _____

(7) PERFORATIONS/SCREENS:

Perforations Method: _____

Screen Type: 304 Material: S.S.
Slot _____ Tele/pipe _____

From	To	Size	No.	Diameter	size	Casing	Liner
154'	204'	100		12"	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
221'	251'	100		12"	T	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gpm Drawdown Drill Stem at Time

			1 hr.
1300	24		24 hr.

Temperature of water 47 Depth Artesian Flow Found: _____

Was a water analysis done? Yes By whom: JRS

Did any strata contain water not suitable for intended use? (explain)
No

Depth of Strata: N/A

(9) LOCATION OF WELL by legal description:

County: Deschutes Latitude: --- Longitude: ---
Township: 22S Range: 11E
Section: 18 NW 1/4 SE 1/4
Tax Lot: 300 Lot: --- Block: --- Subdivision: ---
Street Address of Well (or nearest address)
3 1/2 Miles East of Hwy 97 on Finly Butte Rd

(10) STATIC WATER LEVEL:

116 Ft. below land surface Date 8/30/02
Artesian pressure: --- lb. per sq. in. Date: ---

(11) WATER BEARING ZONES:

Depth at which water was first found <u>131</u>		Est. Flow Rate	SWL
From	To		
131	151	10 GPM	116
154	170	100 GPM	
191	197	350 GPM	116
228	249	350 GPM	116

(12) WELL LOG:

Material	From	To	SWL
Soil Med Brown	0	2	
Sand Brown Course	2	30	
Cemented Conglom Brow-Red	30	39	
Cemented Conglom Gray	39	51	
Cinders-Lava Mix Red-Green	51	74	
Cinders-Lava Mixed Red-Black	74	121	
Lava Hard Green-Black	121	129	
Lava Black Loose	129	151	
Lava Gray Hard	151	159	
Lava Med Gray-Red	159	170	
Lava Med Gray	170	191	
Lava Gray Fract	191	197	
Lava Gray Hard	197	216	
Lava Gray Fract	216	251	
RECEIVED			
SEP 27 2002			
WATER RESOURCES DEPT. SALEM, OREGON			
RECEIVED			
JAN 03 2005			
WATER RESOURCES DEPT. SALEM, OREGON			

Date Started: 08/02/02

Completed: 08/30/02

(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.

Signed: _____ WWC Number 723
Date 09/25/02

(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.

Signed: _____ WWC Number 723
Date 09/25/02