

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

(WELL I.D.)# L **68970**
 (START CARD) # **160074**

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

(1) OWNER: Well Number _____
 Name **Linda Thomassen**
 Address **65455 73rd**
 City **Bend** State **OR** Zip **97701**

(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 **650** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
8	0	25.5	BE	0	25.5	14 Sacks	
6	25.5	650					

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	+1.5	25.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	-7	650	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **6" @ 650**

(7) PERFORATIONS/SCREENS:

Perforations Method **Machined**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
610	650	1/8x4	502	6		<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
25+	0	645	1 hr.

Temperature of water **59** 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 **Desc** Latitude _____ Longitude _____
 Township **16** S Range **12** E WM.
 Section **23b** NE 1/4 NW 1/4
 Tax Lot **212** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **65455 73rd**

(10) STATIC WATER LEVEL:
565 ft. below land surface. Date **3-8-04**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **575**

From	To	Estimated Flow Rate	SWL
575	640	25+	565

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
BROWN SANDSTONE	2	7	
BROWN CINDERS	7	20	
HARD GREY LAVA	20	42	
BROWN CINDERS	42	76	
HARD GREY LAVA	76	93	
BROWN CINDERS	93	117	
MILD BLACK LAVA	117	135	
BROWN SANDSTONE	135	171	
HARD GREY LAVA	171	227	
BROWN SANDSTONE	227	262	
HARD GREY LAVA	262	281	
RED SANDSTONE	281	302	
HARD GREY LAVA	302	328	
BROWN CONGLOM	328	346	
HARD GREY LAVA	346	375	
BROWN CONGLOM	375	575	
BROWN SANDSTONE	575	640	
HARD BLACK LAVA	640	650	565

Date started **3-3-04** Completed **3-8-04**

(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 **1276**
 Date **3-8-04**

(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 **1822**
 Date **3-8-04**

