

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

(WELL I.D.)# L **66553**
(START CARD) # **163201**

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

(1) **OWNER:** Well Number _____
Name **Flavio Decastilhos**
Address **20616 Jayhawk Ln**
City **Bend** State **OR** Zip **97702**

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12	0	38.5	BE	0	38.5	17 Sacks	
8	38.5	535					

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	38.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	-5	535	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
505	535	1/8x4	256	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15+	0	530	1 hr.

Temperature of water **53** 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 **11** E WM.
Section **35** NE 1/4 NE 1/4
Tax Lot **2000** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
Mock Rd / Tumalo Res. Rd

(10) **STATIC WATER LEVEL:**
430 ft. below land surface. Date **5-27-04**
Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
Depth at which water was first found **466**

From	To	Estimated Flow Rate	SWL
466	485	5+	430
511	529	10+	430

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	5	
Brown Pumice	5	33	
Brown Sandstone	33	119	
Hard Grey Lava	119	141	
Brown Sandstone	141	207	
Mild Brown Lava	207	215	
Hard Brown Lava	215	221	
Hard Grey Lava	221	240	
Broken Cinders	240	286	
Mild Brown Lava	286	343	
Hard Grey Lava	343	408	
Mild Brown Lava	408	425	
Hard Grey Lava	425	466	
Gravels	466	485	
Hard Grey Lava	485	511	
Broken Lava	511	529	430
Hard Grey Lava	529	535	

Date started **5-25-04** Completed **5-27-04**

(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 **5-27-04**

(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 **5-27-04**

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

RECEIVED

JUL 06 2004

WATER RESOURCES DEPT
SALEM, OREGON