

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

JAN 19 1988

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 MAR 15 1988
 DESC 5624
 18/12E-18aa
 Deep

(1) **OWNER:**
 Name Roats Water System
 Address 61147 Hamilton Lane
 City Bend State Ore Zip 97702

(2) **TYPE OF WORK:**
 New Well Deepen Recondition Abandon

(3) **DRILL METHOD**
 Rotary Air Rotary Mud Cable
 Other

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 479 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount		
Diameter	From	To	Material	From	To	sacks or pounds
<u>12"</u>	<u>80</u>	<u>490</u>	<u>N/A</u>			
<u>XON</u>			<u>Seal not disturbed</u>			

How was seal placed: Method A B C D E
 Other _____
 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: <u>10"</u>	<u>0</u>	<u>479</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>379</u>	<u>479</u>		<u>1900</u>	<u>1/8by3</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
pump installed later _____ 1 hr.

Temperature of water 51 _____ 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 Des Latitude _____ Longitude _____
 Township 18s N or S, Range 12 E E or W, WM.
 Section 18 NE $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Brookwood Blvd
Bend Ore

(10) **STATIC WATER LEVEL:**
384 ft. below land surface. Date 12/18/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 384

From	To	Estimated Flow Rate	SWL
<u>384</u>	<u>479</u>		<u>384</u>

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

Material	From	To	SWL
concrete grading into			
(gray basalt)	80	120	
gray basalt(2yds concrete)	120	171	
gray cinders(3yds concrete)	171	203	
gray vesicular basalt	203	210	
gray congl crse	210	228	
redish gray basalt	228	246	
gray basalt	246	266	
redish gray basalt	266	273	
gray basalt	273	319	
tan to orange tuft	319	384	
brnsh gray congl (WB)	384	410	384
dk gray congl crse (WB)	410	443	
gray congl (WB)	443	477	
brkn gray basalt (WB)	477	490	

Date started 12/4/87 Completed 12/18/87

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number _____
 Date 12/29/87

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 595
 Date 12/29/87

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WATER RESOURCES DEPT
SALEM, OREGON

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Roots Water Systems
61147 Hamilton Lane
Bend Ore 97702

Proposed Commencement Date 12-4-87

Proposed Well Depth 450, Diameter 10"
and Use:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

Proposed Well Location: County Douglas
Township 18 S (N or S) Range 12 E (E or W) Section 18

At least 2 of these must be provided

- NE 1/4 of NE 1/4 of above section
- street address of well location Brookwood Blvd
- tax lot number of well location 180
- attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

[Signature]
Owner's Signature
PRESIDENT
Title
12-3-87
Date

[Signature]
Bonded Water Well Constructor
License No. 592
Company Johnson Well Drilling

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department, if required.

Form 537.762 1987

RECEIVED
DATE 12-3-87
WATER MASTER DISTRICT #11
BY SMS

