

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

DESC
5659

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JUN 28 1989

18S/12E/21 ad

(START CARD) # 5306

(1) OWNER: Avion Water Company, Inc.
Address 60813 Parrell Road
City Bend State OR Zip 97702

(9) LOCATION OF WELL by legal description:

County Desch Latitude _____ Longitude _____
Township 18S Nor S, Range 12E E or W, WM.
Section _____ SE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

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

(10) STATIC WATER LEVEL:
373 ft. below land surface. Date 6-16-89
Artesian pressure _____ lb. per square inch. Date _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 378

From	To	Estimated Flow Rate	SWL
378	421		373

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

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
18"	0	-20	cement	0	-19	23 sacks
16"	-20	-426				
10"	-426	-430				

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
topsoil	0	3	
sandstone & boulders	3	12	
grey hard rock	12	20	
soft brown broken rock	20	89	
lost return	89	378	373
soft broken rock WB	378	421	
black hard rock	421	430	

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 _____

Date started 5-8-89 Completed 6-17-89

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14"	+1	-19	.250	<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"/>
Liner: 12"	-3	-426	.188	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
-366	-426		2160	1/4" X 4"		<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 8 gpm Drawdown no Drill stem at Time 1 hr.

(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.
WWC Number _____
Signed _____ Date _____

(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.
WWC Number 570
Signed _____ Date 6-25-89