

Desc
56617

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

WELL I.D. # L ~~75534~~ 74531
START CARD # 171940

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

(1) LAND OWNER Well Number _____
Name **Judy Knapp**
Address **PO BOX 1270**
City **Sisters** State **OR** Zip **97759**

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well **500** ft.
Explosives used: Yes No Type _____ Amount _____

Diameter	BORE HOLE		Material	SEAL		Sacks or Pounds
	From	To		From	To	
	Already	Grouted				

How was seal placed: Method A B C D E
 Other See previous log
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Diameter	From	To	Gauge	Steel			
				Plastic	Welded	Threaded	
Casing: 8	+1.5	18.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	5	500	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS
 Perforations Method **Machined**
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
460	480	1/8x4	256	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of water _____ 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 (legal description)
County **Desc**
Tax Lot **2105** Lot _____
Township **14** S Range **10** E WM
Section **21** SW 1/4 NE 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) _____
70190 Indian Ford Rd

(10) STATIC WATER LEVEL
_____ ft. below land surface. Date _____
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Installed 6 inch .188 liner pipe			
-5 to 500 feet			

Date Started **2-23-05** Completed **2-23-05**

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.
WWC Number **1819** Date **2-23-05**
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.
WWC Number **1822** Date **2-24-05**
Signed _____

RECEIVED
JUL 22 2005
WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED
MAR 11 2005
WATER RESOURCES DEPT
SALEM, OREGON