

(as required by ORS 537.765)

WELL I.D. # L Abandonment
START CARD # 180705

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

(1) OWNER: Pat Gisler Well Number _____
Name _____
Address 1470 NE First Street #100
City Bend State OR Zip 97701

☐ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☒ Abandonment

☐ Rotary Air ☐ Rotary Mud ☐ Cable ☒ Auger

☒ Other CLANE TRUCK

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☒ Other *Abandoned*

Special Construction approval ☐ Yes ☐ No Depth of Completed Well 7 ft.

Explosives used	☐ Yes ☐ No	Type	Amount
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HOLE **SEAL**

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other _____

Backfill placed from 126 ft. to 162 ft. Material gravel

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)[illegible]

☐ Pump Yield gal/min	☐ Bailer Drawdown	☐ Air Drill stem at	☐ Flowing Artesian Time
			1 hr.

Temperature of water	Depth Artesian Flow Found
50	10
55	15
60	20
65	25
70	30
75	35
80	40
85	45
90	50
95	55
100	60
105	65
110	70
115	75
120	80
125	85
130	90
135	95
140	100
145	105
150	110
155	115
160	120
165	125
170	130
175	135
180	140
185	145
190	150
195	155
200	160
205	165
210	170
215	175
220	180
225	185
230	190
235	195
240	200
245	205
250	210
255	215
260	220
265	225
270	230
275	235
280	240
285	245
290	250
295	255
300	260
305	265
310	270
315	275
320	280
325	285
330	290
335	295
340	300
345	305
350	310
355	315
360	320
365	325
370	330
375	335
380	340
385	345
390	350
395	355
400	360
405	365
410	370
415	375
420	380
425	385
430	390
435	395
440	400
445	405
450	410
455	415
460	420
465	425
470	430
475	435
480	440
485	445
490	450
495	455
500	460
505	465
510	470
515	475
520	480
525	485
530	490
535	495
540	500
545	505
550	510
555	515
560	520
565	525
570	530
575	535
580	540
585	545
590	550
595	555
600	560
605	565
610	570
615	575
620	580
625	585
630	590
635	595
640	600
645	605
650	610
655	615
660	620
665	625
670	630
675	635
680	640
685	645
690	650
695	655
700	660
705	665
710	670
715	675
720	680
725	685
730	690
735	695
740	700
745	705
750	710
755	715
760	720
765	725
770	730
775	735
780	740
785	745
790	750
795	755
800	760
805	765
810	770
815	775
820	780
825	785
830	790
835	795
840	800
845	805
850	810
855	815
860	820
8	

Was a water analysis done? ☐ Yes By whom

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☒ Muddy ☐ Odor ☐ Colored **March 6 2006**

Depth of strata: **WATER RESOURCES**

~~WATER RESOURCES DEPT~~
~~SALEM, OREGON~~

County Des. Latitude _____ Longitude _____

Township 17 N or S Range 12 E or W. WM.

Section 20 NW 1/4 NE 1/4

Tax Lot	Lot	Block	Subdivision
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Street Address of Well (or nearest address)

03 Riley Rd.

ft. below land surface. Date

Artesian pressure lb. per square inch. Date

Depth at which water was first found

From	To	Estimated Flow Rate	SWL

Ground Elevation _____

Material	From	To	SWL
Back-filled WB zone with gravel well filled (with pump from bottom up to surface) with 43 sacks portland cement mixed with 5.5 gal of water per sack			

Date started 02/07/06 Completed 02/07/06

(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.

WWC Number 1371

Signed Paul M. Hest Date 11/1/88

(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.

WWC Number 37

Signed 4/10/12 Date _____