

DESC 57690

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

DRAFT

WELL I.D. # L 80756
START CARD # 180710

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

(1) LAND OWNER John & Cathleen Carr Well Number
Name John & Cathleen Carr
Address 66700 Gerking Mkt. Rd.
City Bend State OR Zip 97701

(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 570 ft.
Explosives used: ☐ Yes ☒ No Type Amount

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
10"	0	30	Cement	0	30	17 bags	
8"	30	570					

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: 8"	+1	30'	.250	☒	☐	☒	☐
Liner: 6"	-10	570	.188	☒	☐	☒	☐

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

(7) PERFORATIONS/SCREENS factory
☒ Perforations Method factory
☐ Screens Type Material

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
550	570	3/16	100	6"		☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
45	0	560	1 hr.

Temperature of water 56° 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:

RECEIVED

(9) LOCATION OF WELL (legal description)

County Deschutes
Tax Lot 1803 Lot
Township 16 N or S Range 12 E or W WM
Section 6 1/4 1/4

Lat _____ ° _____ ' _____ " or _____ (degrees or decimal)
Long _____ ° _____ ' _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)
66700 Gerking Mkt. Rd.

(10) STATIC WATER LEVEL
490 ft. below land surface. Date 10/01/06
_____ ft. below land surface. Date
Artesian pressure _____ lb. per square inch Date

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
490	570	45+	490

(12) WELL LOG Ground Elevation

Material	From	To	SWL
Grey Basalt	0	82	
Brown Rock	82	126	
Grey Basalt	126	161	
Brown Basalt	161	180	
Brown Sandstone	180	200	
Brown Basalt	200	230	
Brown Sandstone	230	443	
Red Sandstone	443	490	
Brown Sandstone WB	490	570	490

Date Started 8/18/06 Completed 10/01/06

(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 1371 Date 10/04/06

Signed [Signature]

(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 1371 Date 10/04/06

Signed [Signature]