

WELL LABEL # L 84259

START CARD # 1000304

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company CIRCLE C WATER  
 Address 1898 NW DAVIDSON WAY  
 City TERREBONNE State OR Zip 97760

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

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Reverse Rotary  Other \_\_\_\_\_

**(4) PROPOSED USE**  Domestic  Irrigation  Community  
 Industrial/ Commercial  Livestock  Dewatering  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 359.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	359	Bentonite Chips	0	8	11	S
			Cement	8	200	77	S

How was seal placed: Method  A  B  C  D  E  
 Other Poured Dry

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	8	<input checked="" type="checkbox"/>	2	359	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**  
 Perforations Method Machine \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Perf	Casing	8	319	359	.125	3	608	

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)  
 700 \_\_\_\_\_ 350 \_\_\_\_\_

Temperature 53 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)

From	To	Description	Amount	Units

**(9) LOCATION OF WELL (legal description)**  
 County Deschutes Twp 14.00 S N/S Range 13.00 E E/W WM  
 Sec 21 NE 1/4 of the SW 1/4 Tax Lot 2001  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat 44 °20 '35.000 " or 44.34305556 DMS or DD  
 Long -121 °10 '74.000 " or -121.18722222 DMS or DD  
 Street address of well  Nearest address

6990 NW 11TH STREET TERREBONNE, OR 97760

**(10) STATIC WATER LEVEL** Date \_\_\_\_\_ SWL(psi) + SWL(ft)  

Existing Well / Predeepening			
Completed Well	11-16-2006		150

 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 250

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
11-15-2006	250	260	20		150
11-15-2006	310	340	700		150

**(11) WELL LOG** Ground Elevation 2,848

Material	From	To
Clay Sand Brown	0	5
Cinders Sand	5	40
Sandstone Sand Layers	40	85
Conglomerate Clay Layers Brown	85	190
Sandstone Siltstone Green Gray Layers	190	235
Basalt Conglomerate	235	260
Sandstone Siltstone Green Clay Layers	260	290
Claystone Brown	290	359

Date Started 11-14-2006 Completed 11-17-2006

**(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.  
 License Number 758 Date 11-22-2006  
 Electronically Filed  
 Signed THOMAS R PECK (E-filed)

**(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.  
 License Number 1720 Date 11-22-2006  
 Electronically Filed  
 Signed JACK ABBAS (E-filed)  
 Contact Info (optional)

