DESC 58032

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

WELL I.D. # L 82485
START CARD # 167228

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

(1) LAND OWNER Well Number _____
Name John Lamb.
Address 34325 SE. Compton Rd.
City Boring State Or. Zip 97009.

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

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger
☐ Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 52 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	Material	SEAL From	To	Sacks or pounds
10"	0	18	Hole Plug	0	18	11 Sacks.
6"	18	52				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other Poured.
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:	6"	+1	35	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	17	37	160	☐	☒	☐	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:
☐ Perforations Method Sawed.
☒ Screens Type Factory Material PVC.

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
37	52	10,000	3250	4"		☐	☒
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
15	30		1 hr.

Temperature of water 47° 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 by legal description:
County Deschutes. Latitude _____ Longitude _____
Township 22 S N or S Range 10 E E or W. WM.
Section 16 SW 1/4 NE 1/4
Tax Lot 4700 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 15836 Juniper Rd.

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 5-4-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 23

From	To	Estimated Flow Rate	SWL
23	26	3 GPM.	15
35	51	15 GPM.	11

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil Brown	0	1	
Pumis Brown.	1	5	
Sand + Gravel Brown Cement Rd.	5	23	
Sand. Black.	23	26	15
Sandy Clay Grey	26	35	
Sand. Brown.	35	51	11
Clay Grey	51	52	

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JUN 04 2007
WATER RESOURCES DEPT
SALEM, OREGON

Date started 4-28-07 Completed 5-5-07

(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 _____
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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1820
Signed Tom Stt Date 5-25-07

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER