DESC 58125

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

WELL I.D. # L 82487
START CARD # 167230

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

(1) LAND OWNER Well Number _____
Name William Ray
Address 52030 Pineforest Dr.
City Lapine State Or. Zip 97739.

(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 53 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18	Hole Plug	0	18	11 sacks.
6"	18	53				

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	44	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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
36	53	10,000	5025	4"		☐	☒
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
7	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 3 SW 1/4 SW 1/4
Tax Lot 4002 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 52030 Pineforest Dr.

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 6-19-07
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
22	40	3 GPM.	22
40	53	7 GPM	15

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil Brown	0	1	
Pumis Brown	1	5	
Sand + Gravel Brown Cemented	5	22	
Sand Black fine.	22	40	22
Sand. Brown	40	53	15

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JUL 25 2007
WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-18-07 Completed 6-19-07

(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 [illegible] Date 7-18-07

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