

Desc
58362

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 91780
START CARD # 188458

(1) LAND OWNER Owner Well I.D. #

First Name _____ Last Name _____
Company Terrebonne Domestic Water District
Address PO Box 31
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 588 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
16	0	414	Bentonite	0	5	9	S
12	414	592	Cement	5	414	316	S

How was seal placed: Method A B C D E

Other bentonite placed around pitless unit

Backfill placed from 588 ft. to 592 ft. Material slough

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER Pitless Unit

Casing Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	12	2	4.7	.375	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10	4.7	414	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10	402	431	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10	451	546	.250	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10	586	588	.250	<input 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 _____
Screens Type wire wrap Material 304SS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen		10	431	451	0.100 cont.			PS
Screen		10	546	586	0.100 cont.			PS

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
560	6		5
740	9		4.5

Temperature 55.5 °F Lab analysis Yes By Alexin

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

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FEB 06 2008

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 14 S N/S Range 13 E E/W WM
Sec 16 SE 1/4 of the SW 1/4 Tax Lot 800
Tax Map Number 14 13 16CD Lot _____
Lat _____ ° 0 ' " or _____ DMS or DD
Long _____ ° 0 ' " or _____ DMS or DD
 Street address of well Nearest address

8300 NW 5th St. Terrebonne, OR

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	10-18-2007		315

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
08-22-2007	270	273	20		240
08-23-2007	350	375	50		240
09-07-2007	443	450	200		310
09-08-2007	578	588	1,000		310

(11) WELL LOG

Material	From	To
Top soil w/rocks	0	1
Basalt, grey & brown, medium w/large fractures	1	5
Basalt, grey & brown, hard	5	15
Basalt, brown, medium-hard	15	37
Basalt, red, medium	37	48
Basalt, red w/yellow, soft	48	53
Cinders & pumice, brown & red, medium	53	84
Cinders & pumice, black & brown, soft	84	112
Cinders, black & brown, medium	112	169
Cinders, black & brown, hard	169	174
Basalt, black, hard	174	218
Basalt, black, broken, medium-hard	218	270
Basalt, black w/brown & red, medium	270	273
Basalt, black, hard	273	275
Basalt, black w/brown, hard	275	334
Basalt, black, hard	334	346
Basalt, black, hard w/soapstone, tan	346	348
Cinders, red, soft	348	350
Cinders, brown & red, medium	350	375

Date Started 08-15-2007 Completed 01-04-2008

(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 1663 Date 01-29-2008
Password: (if filing electronically)
Signed _____

(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 649 Date 01-29-2008
Password: (if filing electronically)
Signed _____
Contact Info (optional)

ORIG. WATER RESOURCES DEPT. DEPARTMENT
SALEM, OREGON

