

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 90989
START CARD # 193865(1) LAND OWNER Well Number _____
Name DEAN HALVERSON
Address P.O. Box 3945
City BEND State ORE Zip 97707(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 302'
Explosives used ☐ Yes ☒ No Type _____ Amount _____HOLE SEAL
Diameter From To Material From To Sacks or pounds
10" 0 25 3/4 plug
6" 25 302 0 25 15How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other POUREDBackfill 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" +20 302 .250 ☒ ☒ ☐
Liner: NONE ☐ ☐ ☐ ☐
Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) NONE(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____
From To Slot size Number Diameter Tele/pipe size Casing Liner
DONE(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Artesian
Yield gal/min Drawdown Drill stem at Time
239 gpm 96'-6" 4 1 hr.Temperature of water 43°F Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom NONE
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other _____
Depth of strata Did not Drill Thru(9) LOCATION OF WELL by legal description:
County DESCUTE Latitude _____ Longitude _____
Township 20 N or S Range 10 E or W. WM.
Section 130 SW 1/4 SE 1/4
Tax Lot 15900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1705B TORRANCE Rd BEND, ORE 97707(10) STATIC WATER LEVEL:
13 1/2 ft. below land surface. Date 7-3-08
Artesian pressure _____ lb. per square inch Date _____(11) WATER BEARING ZONES:
Depth at which water was first found 302'

From	To	Estimated Flow Rate	SWL
302'	did not Drill thru	239 gpm	13 1/2'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Pumping	0	5	
Clay, with sand	5	156	
Clay, Brown	156	195	
Clay, with sand	195	209	
Clay	209	215	
Clay with sand	215	253	
Clay	253	271'-6"	
Clay with sand	271'-6"	302	
GRAVEL & SAND	302		13 1/2'
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Date started 6-9-08 Completed 7-3-08

(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 639
Signed Gerald L. Mann Date 7-3-08