

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 L90991
START CARD # 193867

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(1) ~~LAND-OWNER~~

(1) LAND OWNER Well Number
Name THOMAS E ILENE Young
Address P.O. Box 2914 ~~1000~~
City LAPOINE State ORE 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 76 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10 1/4"	0	18	3/4" hole	0	18	9	
6"	18'	76'					

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	Gage	Steel	Plastic	Welded	Threaded
Casing:	6"	±16'	70'	8.25	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4½"	±16'	76'	SDR 26	☒	☒	☒	☐
					☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SAWED
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
69	76	1.010	2800	4 1/2"	5 DR 26	☐	☒
						☐	☐
						☐	☐
						☐	☐

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing ☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
209 gpm	5 ft		2 1/2 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: 21 ft.

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude _____ Longitude _____
Township 21 N of 5 Range 10 E of R. W. M.
Section 32A NW 1/4 N/E 1/4
Tax Lot 6700 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 52732
WINGSIDE LOOP HOPI, AZ 86039

(10) STATIC WATER LEVEL:

40 ft. below land surface. Date 7-7-08
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 69 ft

From	To	Estimated Flow Rate	SWL
69'	76'	209 gpm	40'

(12) WELL LOG:

Ground Elevation _____

[illegible]

Date started 7-6-08 Completed 7-7-08

(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.

Signed Gerald H. Olson WWC Number 639 Date 7-8-08