DESC 58690

DRAFT

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

WELL LABEL # L 97608

START CARD # W200035

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

(1) LAND OWNER Owner Well I.D. _____
First Name Daniel Last Name Luker
Company _____
Address 16044 Burgess Rd.
City Lapine State OR Zip 97739

(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 ☐ Injection ☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 35 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Scks/lbs
10"	0'	18'	Bentonite	0	18'	11	SACKS
6"	18'	35'					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other poured Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from 20' ft. to 35' ft. Material Gravel Size 8x12
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	1'	20'	.250	X		X	
	X	4½"		18'	35'	sch 40		X	X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type Saw Cut Material PVC

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
	X		X	4½"	15'	35'	.020	2"	3,000	4½"

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10	8'	28 Ft.	1 Hr

Temperature 43° °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Deschutes Twp 21 N or S Range 10 E or W W.M.
Sec 34 SW 1/4 of the SW 1/4 Tax Lot 2900
Tax Map Number _____ Lot _____
Lat ___° ___' ___.___" or ___.___ DMS or DD
Long ___° ___' ___.___" or ___.___ DMS or DD
Street Address of Well (or nearest address) 16044 Burgess Rd & Frontage Rd.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening	~~3-10-09~~			~~18'~~
Completed Well	3-10-09			18'

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
3-10-09	18'	35'	10 GPM			18'

(11) WELL LOG Ground Elevation 4000 Est.

Material	From	To
gummie top soil	0'	4'
BRN sand & Clay	4'	12'
Black Sand	12'	18'
BLK sand & cinders	18'	32'
cinders & coarse sand	32'	35'

RECEIVED
MAR - 9 2009
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 3-9-09 Completed 3-10-09

(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 _____ Date _____
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 1761 Date 3-10-09
Signed Richard Brayton
Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006