Revision Request 10/21/2019

DESC 61754

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

WELL I.D. # L 132149

START CARD # 185031

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

(1) LAND OWNER Well Number
Name BOB BUCK
Address 17120 COUGAR
City LAPINE State OR Zip 97739

(2) TYPE OF WORK ☒ New Well
☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment ☐ Conversion

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☒ Cable ☐ Auger ☐ Cable Mud
☐ Other

(4) PROPOSED USE
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☐ No
Depth of Completed Well ____ ft.
Explosives used: ☐ Yes ☐ No Type ____ Amount ____

BORE HOLE Diameter	From	To	SEAL Material	From	To	Sacks or Pounds
10	0	20	Bentonite	0	20	20
6	2	45				

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	35	250	☒	☐	☒	☐
Liner:	4	5	45		☐	☒	☒	☐

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

(7) PERFORATIONS/SCREENS
☐ Perforations Method Factory
☒ Screens Type ____ Material ____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
35	45	010		4"		☐	☒

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

Yield gal/min	Drawdown	Drill stem at	Time
20	0		

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 (legal description)
County Deschutes
Tax Lot 5200 Lot ____
Township 21 N or S Range 10 E or W WM
Section 24 ____ 1/4 ____ 1/4
Lat ____° ____ ' ____ " or ____ (degrees or decimal)
Long ____° ____ ' ____ " or ____ (degrees or decimal)
Street Address of Well (or nearest address) 17120 Cougar
LaPine OR 97739

(10) STATIC WATER LEVEL
30 ft. below land surface. Date ____
____ ft. below land surface. Date ____
Artesian pressure ____ lb. per square inch Date ____

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

From	To	Estimated Flow Rate	SWL
30	45	20	30

(12) WELL LOG Ground Elevation ____

Material	From	To	SWL
Pumice	0	8	
Sand Brown	8	30	
Black Sand	30	45	

RECEIVED
SEP 30 2019
OWRD

Date Started 7-10-19 Completed 7-10-19

(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.

WWC 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.

WWC Number 1557 Date 9-15-19

Signed [signature]

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