

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

DESC 6592

OCT 31 1989
DESC 6592
WATER RESOURCES DEPT.
SALEM, OREGON

21S/10E/14ca
138081

(START CARD) #

(1) OWNER: Jerry L. Larsen
Name: Jerry L. Larsen
Address: 16725 Northridge Dr.
City: Lapine State: OR Zip: 97739

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

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

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
14	0 34	Cement	0 34	37 sacks
10	34 50			
6	50 635			

How was seal placed: Method A B C D E
 Other _____
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: 10	0	49	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	41	632		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Forch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
_____ 1 hr.

Temperature of water _____ 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 by legal description:
County Deschutes Latitude _____ Longitude _____
Township 21 N or S, Range 10 E or W, WM.
Section 14 NE 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 10-26-89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 7'

From	To	Estimated Flow Rate	SWL
7	14	?	
20	23	?	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Plumice	2	5	
Clay	5	9	
Plumice & clay	9	14	
Clay	14	20	
med Black sand	20	23	
Silt with soft clay strips	23	190	
Solid Plumice & Clay strips	190	390	
Thin strips of sand	390	395	
Hard clay strips	395	485	
Dry cinders	485	487	
Hard clay	487	490	
Cemented gravel	490	500	
Hard Plumice	500	520	
Silt with soft clay	520	550	
Hard Green Clay	550	587	
Void Pocket Perched water	587	590	
Hard layers Clay	590	630	12
STRIPS of Plumice water	630	635	
Temporary Abandonment			

Date started 9-8-89 Completed 10-22-89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
Signed _____ WWC Number _____
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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Mike Golan WWC Number 620
Date 10-26-89

RECEIVED

001 04 1989

WATER RESOURCES DEPARTMENT
DIVISION OF WATER

"START CARD"
NOTICE OF BEGINNING OF WELL CONSTRUCTION
(as required by ORS 537.762)

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original delivered to the Water Resources Department prior to commencement of construction, alteration or abandonment of each well.

Owner's Name and Mailing Address Jerry L Larsen
16725 Northridge Dr.
Lapine OR 97739

Proposed Commencement Date 9-28-89

Proposed Well Depth 350, Diameter 8

and Use:

- Domestic
- Thermal
- Community
- Injection
- Industrial
- Other
- Irrigation

Proposed Well Location: County Deschutes

Township 21 (N or S) Range 10 (E or W) Section 14

At least 2 of these must be provided

1. NE 1/4 of SW 1/4 of above section
2. street address of well location 16725
3. tax lot number of well location 12701
4. attach approved map with location identified.
(see reverse of this form for approved maps)

We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks and septic drain fields.

X _____
Owner's Signature

Title

Date

X Mike Prodan
Bonded Water Well Constructor

License No. 670
Company Mike's well Drilling Co.

Note: This is not a Water Right application. The owner is responsible for obtaining a Water Right through the Water Resources Department if required.

For Water Resources Department Use Only:

Date Report Received 10-2-89
Date Envelope Postmarked 9-30-89
Date Hand Delivered _____
Watermaster Initials SMS WD#11

WELL IDENTIFICATION FORM

Owner's Well Number: 6

CURRENT WELL OWNER:

Name: JERRY L LARSEN

Phone: 1-541-276-0174

Mailing Address: 934 E Lewelling Blvd

% Robert A Smejkal
696 Country Club Rd
Eugene, OR 97401

City: HAYWARD

State: CA

Zip: 94541

WELL LOCATION:

County: Deschutes

DESC 6592

Latitude:

Longitude:

Township: 21 N or (S) Range: 10 (E) or W Section: 14 NE 1/4 1/4

Tax Lot Number: 1401

Street Address of Well (if different from above):

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: 13808 Approx. Construction Date: 10-22-89

Well Constructor: MIKES Well DRILLING

Name of Owner at Time of Construction: Jerry L LARSEN

Well Depth (in feet): 670 Static Water Level (in feet): 12

Diameter of Exposed Well Casing (in inches): 10

Does this well have a formal water right associated with it? Yes: No: If yes:

Application #: G-12413 Permit #: G-11604 Certificate #: Pending

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

(Office use only)

Well Identification Number: 22977