

amended 9/27/18
DESC 765

DESC 765

15S/12E/36 ad

STATE OF OREGON

APR 24 1991

FEB 11 1991

WATER WELL REPORT

(as required by ORS 537.765)

(START CARD) # 27901

WATER RESOURCES DEPARTMENT
LOCATION OF WELL by legal description:

(1) OWNER:

Name teekree larson
Address 19910 Pine Lane
City Bend, OR State _____ Zip 97701

County Deschutes Longitude _____
Township 15S North Range 12 E E or W. WM. _____
Section 36 SE NE _____
Tax Lot 406 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 5310 SW Harvest Ln
Redmond, OR

(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 451 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds		
Diameter	From To	Material	From To			
12"	0	18'6"	Bentonite	0	18'6"	10
10"	18'6"	to	451'			

How was seal placed: Method A B C D E
 Other Poured Dry

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	8"	+2	18'6"	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	7"	+2	451'	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

7) PERFORATIONS/SCREENS:

Perforations Method Factory Perfect
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
390	450	1/8"	60	3"		<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
50	0	446	1 hr.
			Blow test

Temperature of water 56° 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: _____

(10) STATIC WATER LEVEL:

390 ft. below land surface. Date 2-1-91
Artesian pressure 0 lb. per square inch. Date 2-1-91

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
390	451		358

(12) WELL LOG:

Material	From	To	SWL
Top Soil	0	3	
Broken Gray Basalt	3	12	
Hard Gray Basalt	12	22	
Medium Gray Basalt	22	85	
Broken Sandstone	85	130	
Medium Gravel	130	142	
Broken Basalt	142	177	
Hard Broken Br Basalt	177	189	
Medium Hard Brown Basalt	189	229	
Hard Brown Clay	229	309	
Brown Sandstone	309	389	
Dark Brown Sand (fine)	389	395	
Sandstone w/clay	395	426	
Brown Sand & Conglomerate (fine)	426	440	
Hard Brown Clay	440	451	

Date started 1-7-91 Completed 2-1-91

(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 constructor standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Robert Buckner WWC Number 1385
Date 2-6-91

(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 Robert Buckner WWC Number 1385
Date 2-6-91



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED

MAY 11 2016

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): TEEKREE PARRISH
Mailing Address: 5310 SW HARVEST LN
City, State, Zip: REDMOND OR 97756
Mail Well ID Tag to: [X] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 15 S (North / South) Range: 12 E (East / West) Section: 36 SE 1/4 of the NE 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 406 County DESCHUTES
GPS Coordinates:
Street Address of Well, City: SAME AS ABOVE

If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION
Date Well Constructed (or property built): 2/1/1991 Total Well Depth: 451' Casing Diameter: 8"
Owner at time the well was constructed (if known): SAME (WAS LARSON) Well Log # (if known): DESC 765
Other Information:

SUBMITTED BY (please print): TEEKREE PARRISH (VIA PHONE)
PHONE: 541-516-8684 EMAIL &/or FAX:

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
5-11-16

Well Log Number:
DESC 765

Well Identification #:
L-122907