

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

RECEIVED

AUG - 9 1993

(START CARD) # 53885 labeled

Desc
8478

16S/11E/28ab

(1) OWNER:

Name Frank Cibelli
 Address 1972 NE 3rd St
 City Bend State Ore Zip 97701

Well Number _____

WATER RESOURCES DEPT.

LOCATION OF WELL by legal description:

County Des Latitude _____ Longitude _____
 Township 16 S N or S. Range 11 E E or W. WM. _____
 Section 28 NW $\frac{1}{4}$ NE $\frac{1}{4}$ _____
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	25	bentonite	25	0	13 sacks
8"	25	551	# 8			

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: 8"	+1	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-5	551	.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 machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
531	551	1/8 by 3	-228			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20		550	1 hr.

Temperature of Water 51 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: _____

18281 Couch Mkt Bend, Ore

(10) STATIC WATER LEVEL:

480 ft. below land surface. Date 7-23-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found ~~480~~ 478

From	To	Estimated Flow Rate	SWL
478	518		
533	551		480

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
brn soil	0	2	
gray ves basalt	2	6	
gray basalt	6	21	
lt brn clayey ss	21	49	
gray cindery congl	49	68	
gray basalt	68	105	
brn congl fine	105	184	
gray brkn basalt	184	190	
L C brkn (4 yds cem	190	220	
gray basalt	220	234	
orange tuff ??	234	243	
lt gray ss	243	260	
tan clayey ss	260	298	
gray congl med	298	344	
gray cinders (2 yds cem	344	352	
gray brkn basalt	352	376	
brn to gray congl crse (3yd	376	405	
tan ss crse	405	428	
gray crse congl (1 1/2 yd	428	459	
redish brn ss	459	478	
gray basalt w/ seams (WB)	478	518	
tan congl	518	533	
gray basalt brkn (WB)	533	551	

Date started 7-13-93 Completed 7-23-93

(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 C. J. Turner WWC Number 1579
 Date 7-26-93

(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 John V. Johnson WWC Number 595
 Date 7-26-93