

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

DESC
 8484

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209/11E/866

Page 1 of 2 WATER RESOURCES DEPARTMENT (START GABD) # 35362 P 6-11598

(1) OWNER:
 Name Sunriver Utilities
 Address P.O. Box 3699
 City Sunriver State OR Zip 97707
 Well Number SALEM, OREGON

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 20 S N or S. Range 11 E E or W. WM. _____
 Section 8 NW ¼ NW ¼ _____
 Tax Lot Unknown Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Intersection of Spring River Road & Huntington

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
24	0 82	Cement	0 82	9 yards	
19	82 307	—	—	243 sacks	

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: 20	+1	82	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 16	+2.5	307	.375	<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
207.5	307.5	1/8x3	6080	16	---	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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

Pump Bailor Air Flowing Artesian

Temperature of Water 55 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:
8.4 ft. below land surface. Date 12/9/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 4

From	To	Estimated Flow Rate	SWL
147	153	N/A	8.4
159	166	N/A	8.4
179	186	N/A	8.4
206	214	N/A	8.4

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Sandy dirt	0	2	
Sand and gravel	2	6	4
Silty clay green brown	6	20	
Silty sand black	20	32	4
Lava black broken	32	37	
Lava black very hard	37	50	
Lava green pourous	50	52	
Lava black hard	52	79	
Lava weathered with clay streaks	79	85	
Lava gray hard	85	92	
Lava red broken	92	99	
Lava brown medium	99	101	
Lava brown hard	101	112	
Lava brown and red broken	112	116	
Lava gray medium	116	131	
Lava gray hard	131	147	
Lava red fractured with clay WB	147	153	
Lava gray medium	153	159	
Lava red fractured pourous WB	159	166	
Lava gray medium	166	179	

CONTINUED

Date started _____ Completed _____
 (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 [Signature] WWC Number 1523
 Date 12/16/93

(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 [Signature] WWC Number 723
 Date 12/16/93

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(START CARD) # 35362

WATER RESOURCES DEPT.

(1) OWNER: Well Number _____
 Name Sunriver Utilities
 Address P.O. Box 3699
 City Sunriver State OR Zip 97707

(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 sacks or pounds
Diameter	From	To	Material	From	To	

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 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"/>

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

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

Pump Bailer Air Flowing Artesian

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 20 S N or S. Range 11 E E or W. WM.
 Section 8 NW $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot Unknown Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Intersection of Spring River Road & Huntington

(10) STATIC WATER LEVEL:
 _____ 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
249	307	N/A	8.4

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Lava red fractured pourous	WB 179	186	
Lava gray medium hard	186	206	
Lava gray medium hard			
Lava green gray & red very broken pourous	WB 206	214	
Lava gray medium	214	219	
Lava red fractured	219	221	
Lava gray hard	221	234	
Lava gray fractured pourous	234	249	
Pumice brown & gray	WB 249	307	

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WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 11/09/93 Completed 12/14/93

(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 *Walter Steele* WWC Number 1523
 Date 12/16/93

(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 *[Signature]* WWC Number 723
 Date 12/16/93