

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

*2861*

155/10E/36 da

(START CARD) # ~~28513~~ 28513

**(1) OWNER:** Well Number: \_\_\_\_\_  
 Name Connie Overbay  
 Address 66955 Gist Rd  
 City Bend State Ore Zip 97701

**(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 410 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	25	Bentonite	0	25	15 Sacks
8	25	410				

How was seal placed: Method  A  B  C  D  E  
 Other Poured in 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	+1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner	6	-5	410	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  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
370	410	1/8 x 3	516	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing  Artesian  
 Yield gal/min 18 Drawdown 0 Drill stem at 378 Time 24 hr.

Temperature of water 53 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 Desch Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 15 N or S, Range 10 E or W, WM.  
 Section 36 NE 1/4 SE 1/4  
 Tax Lot 1100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 66955 Gist Rd

**(10) STATIC WATER LEVEL:**  
310 ft. below land surface. Date 4-19-91  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 310

From	To	Estimated Flow Rate	SWL
310	410	18	310

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	1	
Sand & gravel	1	12	
Br. Sand Stone Congl	12	39	
Br. lava	39	46	
Br. Sand Stone	46	110	
lava	110	131	
Br. Congl. Sand Stone	131	160	
Br. Sand Stone	160	183	
Basalt	183	211	
Br. Sand Stone	211	237	
lava	237	250	
Crevice (lost returns)	250	257	
Br. Sand stone Congl.	257	292	
lava	292	310	
Cinder Congl. (w.B)	310	337	
lava Broken	337	390	
Brown Sand Stone (w.B)	390	410	

RECEIVED  
 MAY 3 1991  
 WATER RESOURCES DEPT. Date started 4-16-91 Completed 4-19-91

**(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 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 William D. Allen WWC Number 1255  
 Date \_\_\_\_\_