

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

WATER RESOURCES DEPT.
 SALEM, OREGON

1991

MAY 9 1991

(START CARD) # 27967

DESC 868

14S/10E/27 bh

(1) OWNER:

Name Bay River Development/Steve McGhehey
 Address Po Box 219
 City Sisters State OR Zip 97759

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
13"	0	35	Cement	0	35	18 sacks
10"	35	400				

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:	8"	+20	399.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Pre fab machine
 Screens Type Factory Material steel

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Liner
339.5	399.5	1/4x3				<input checked="" 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
120	---	335	1 hr.

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: _____

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude _____ Longitude _____
 Township 14S N or S, Range 10E E or W, WM.
 Section 27 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Indian Ford Rd.

(10) STATIC WATER LEVEL:

197.6 ft. below land surface. Date 4-23-91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 260'

From	To	Estimated Flow Rate	SWL
260	300	25 gpm	
300	400	95 gpm	197.6

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Basalt broken	0	3	
Basalt black hard	3	42	
Cinders	42	95	
Basalt black pourous	95	103	
Lava grey & red soft	103	110	
Basalt grey hard	110	183	
Lava lavender soft	183	195	
Basalt black w/ weathered lavender streaks medium	195	210	
Basalt grey hard w/ fractures	210	255	
Cinders	255	300	
Cinders weathered	300	320	
Lava weathered w/ petrified wood	320	340	
Basalt grey medium	340	352	
Basalt very weathered	352	370	
Basalt grey med. broken wthrd	370	387	
Lava brown & grey soft	387	396	
Basalt grey w/ lavender streaks	396	400	

Date started 4-18-91 Completed 4-23-91

(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 [Signature] WWC Number 1523
 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 [Signature] WWC Number 723
 Date 5/3/91