

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

DESC 9303

RECEIVED

20s/10E/31
63636

JUN 30 1994

(START CARD) #

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name Oregon Dept. of Fish & Wildlife Well Number _____
Address 15055 Century Dr.
City Bend State OR Zip 97702

(2) TYPE OF WORK

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 565 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From To	Material	From To	Sacks or pounds		
10	0 60	Cement	0 60	21 sacks		
8	60 499	Cement	439 499	19 sacks		
6	499 565	Bore				

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:

Casing:	Diameter	From	To	Gauge	Steel			
					Steel	Plastic	Welded	Threaded
	6	1	498	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
100+			<input checked="" type="checkbox"/>	1 hr.

Temperature of water 47° 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 30 N or S Range 10 E or W. WM.
Section 31 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) FALL RIVER FISH Hatchery 15055 Century Dr.

(10) STATIC WATER LEVEL:

52 ft. below land surface. Date 6/2/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 505

From	To	Estimated Flow Rate	SWL
505	560	100+	52

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	1	
Brown Sandy Clay	1	5	
Tan Clay	5	13	
Brown Clay	13	15	
Sandy Clay	15	20	
Black Packed Sand	20	140	
Brown Clay	140	150	
Blue Sand	150	160	
Clay	160	165	
Blue sand w/ short clay streak	165	240	
Red Cinders	240	250	
Blue sand w/ short clay streaks	250	365	
Blue Gritty Clay & SAND	365	492	
Basalt	492	517	
Red Cinders	517	523	
Basalt	523	532	
Red Cinders	532	542	
Basalt	542	554	
Red Cinders	554	557	
Basalt	557	565	

Date started 5-24-94 Completed 6-2-94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Bert Jones WWC Number 514 Date 6/7/94