

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

11 **DESC 9497**

**RECEIVED**  
SEP 16 1994

173/12E/60a  
(START CARD) # 66365

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

(1) OWNER: Well Number SA 5101  
Name SHARP CHRISTWELL  
Address 6400 Johnson RD  
City BEND State OR Zip 97701

(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 185 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	185	BENTONITE	0	45	30 SACKS

How was seal placed: Method  A  B  C  D  E  
 Other POURED  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from 45 ft. to 185 ft. Size of gravel 1/4

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: <u>6</u>	<u>+1</u>	<u>185</u>	<u>250</u>	<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 MACHPACK  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>105</u>	<u>185</u>	<u>1/8 X 3/16</u>	<u>3</u>	<u>9/12</u>		<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
<u>40+</u>		<u>185</u>	<u>1 hr.</u>

Temperature of water 54 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 17 N or S Range 12 E or W. W.M.  
Section 6C NE 1/4 SE 1/4  
Tax Lot 400 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 6400 Johnson RD BEND OR

(10) STATIC WATER LEVEL:  
111 ft. below land surface. Date 9/6/94  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 111"

From	To	Estimated Flow Rate	SWL
<u>111</u>	<u>175</u>		<u>111</u>
<u>175</u>	<u>190</u>		<u>111</u>

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>GRAVEL SOIL</u>	<u>0</u>	<u>8</u>	
<u>GRAVEL BASALT</u>	<u>8</u>	<u>14</u>	
<u>(hard) GRAVEL</u>	<u>14</u>	<u>25</u>	
<u>(med) GRAVEL + PUMUS</u>	<u>25</u>	<u>32</u>	
<u>BROWN SANDSTONE</u>	<u>32</u>	<u>85</u>	
<u>BROWN CONGL</u>	<u>85</u>	<u>103</u>	
<u>SAND + GRAVEL w/B</u>	<u>103</u>	<u>175</u>	<u>111</u>
<u>SANDY CONGL w/B</u>	<u>175</u>	<u>190</u>	

Date started 8/29/94 Completed 9/6/94  
(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 [Signature] WWC Number 1575  
Date 9-12-94

(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 [Signature] WWC Number 1575  
Date 9-12-94