

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

DESC 9525

SEP 30 1994

18/12/24ab
 pg. 1

Page 1 of WATER RESOURCES (START CARD) # 65241
 SALEM, OREGON

(1) OWNER: Well Number _____
 Name Hap Taylor
 Address 21955 Rickard Road
 City Bend State OR Zip 97702

(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 1,000 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
14"	0	126	cement	0	40	100 sacks
10"	126	1,000	bent	0	40	19 sacks

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from 126' ft. to 40' ft. Material cement/sand slurry
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	10"	+1	126	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	8"	15	1,000	250	<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
900	1,000	1/4x4	2,048	8"	8"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
 50 GPM _____ 950 _____ 1 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 Deschutes Latitude _____ Longitude _____
 Township 18 S N or S. Range 12 E E or W. WM. _____
 Section 24 NW 1/4 NE 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Same as mailing address

(10) STATIC WATER LEVEL:
800 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 870'

From	To	Estimated Flow Rate	SWL
870	100	150	800

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	2	
Lava gray med	2	28	
Lava brown broken pourous	28	32	
Lava gray med	32	47	
Lava red broken pourous	47	51	
Pumice yellow	51	54	
Pumice conglomerate white	54	73	
Lava broken highly weathered	73	114	
Lava gray hard	114	163	
Lava red broken	163	167	
Lava brown soft pourous	167	196	
Lava red broken	196	197	
Lava brown med with broken grns	197	227	
Lava brown broken	227	235	
Lava weathered broken	235	270	
Lava gray hard lost circulation	270	296	
Lava broken weathered	296	303	
Lava gray hard	303	318	
Lava broken	318	326	
Lava gray hard with broken grns	326	346	
Lava broken pourous	346	355	

Date started 8-3-94 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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number 1523
 Date 9-6-94

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1358
 Date 9-16-94

