

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

DESC  
9826

RECEIVED

APR 11 1995

17s/12e/3cb  
72900

WATER RESOURCES DEPT. (START CARD) #  
SALEM, OREGON

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

(1) OWNER: Well Number \_\_\_\_\_  
Name James Elliott  
Address 64100 N. Hwy 97  
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 715 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
12"	0 44 1/2	Neat Cem.	0 44 1/2 2 yds
8"	44 1/2 715		

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"	7 1/2	44 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	7 1/2	715	.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
6 3/4	7 1/2	1/8 x 3/32	256	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
19	0	710	1 hr

Temperature of water 57 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. WM.  
Section 3 NW 1/4 SW 1/4  
Tax Lot 102 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 64100 N. Hwy 97 Bend

(10) STATIC WATER LEVEL:  
637 ft. below land surface. Date 4-6-95  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 637

From	To	Estimated Flow Rate	SWL
637	715	19	637

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Top soil	0	3	
Lava	3	15	
Crevasse & soft	15	38	
Lava	38	86	
Sinder Congl.	86	107	
Lava	107	125	
Congl.	125	141	
Lava	141	164	
Brown congl.	164	199	
Lava	199	312	
Brown Sand Stone	312	334	
Lava	334	347	
Broken Lava	347	454	
Congl. Lava	454	491	
Congl.	491	535	
Coarse Sand Stone	535	590	
Broken Lava	590	599	
Lava	599	637	
W.B. Broken Lava	637	715	

Date started 3-31-95 Completed 4-6-95

(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 Helper WWC Number \_\_\_\_\_ Date 4-6-95

(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 Doug Wilson WWC Number 1255 Date 4-6-95