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DESC 9828

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WATER RESOURCES DEPT.
SALEM, OREGON

15s/11e/7ac

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

Well Number:

(1) OWNER:
Name THOMAS FRANK
Address 6049 RANGER Rd.
City CLOVIS State CALIF Zip 93611

(2) TYPE OF WORK:
☐ New Well ☒ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD
☐ Rotary Air ☐ Rotary Mud ☒ Cable
☐ Other

DRAFT

(4) PROPOSED USE:
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes ☐ No ☒ Depth of Completed Well 410 ft.
Explosives used Yes ☐ No ☒ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other NA
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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	5"	385	401	.188	☒	☐	☒	☐
					☐	☐	☐	☐

Final location of shoe(s)

) PERFORATIONS/SCREENS:
☐ Perforations Method N.D.
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20gpm	0		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 15S N or S, Range 11 E or W, WM.
Section 7 NE ¼ NE ¼
Tax Lot 300 Lot Block Subdivision
Street Address of Well (or nearest address) 68735
GEO. CYRUS Rd SISTERS

(10) STATIC WATER LEVEL:
380 ft. below land surface. Date 4-3-95
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 385

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground elevation

Material	From	To	SWL
BLACK SAND COURSE	385	410	380
REFURNTO Existing log			
CHARLES TRASCHEL			

Date started 4-4-95 Completed 4-5-95

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.
WWC Number
Signed 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.
WWC Number 544
Signed Date 4-10-95

WHITE COPIES - WATER RESOURCES DEPARTMENT YELLOW COPY - CONSTRUCTOR PINK COPY - CUSTOMER 9809C 10/86