

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

WELL I.D. # L 83379

START CARD # 176552

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

(1) LAND OWNER Well Number _____
Name PATRICIA B. DURRUM
Address 2878 Blakely Rd
City Central Point, OR Zip 97502

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 41 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
10"	0	19	Drum	20	19	10.50
8"	19	38				
6"	38	50				

How was seal placed: Method A B C D E
 Other augered 10' dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 19 ft. to 38 ft. Size of gravel 1/4"

(6) CASING/LINER

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	41'	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS

Perforations Method 2 1/2" cut
 Screens Type 160 Material P.P.C.

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
25	40	12"	16	1/4"	1"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield g/min	Drawdown	Drill stem at	Time
32	4'	41'	1 hr

Temperature of water 61° Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? No little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL (legal description)
County Deschutes
Tax Lot 800 Lot _____
Township 36 N or S Range 2 E or WM
Section 20 1/4 _____ 1/4 _____

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL
22 ft. below land surface. Date 9-26-06
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
40'	50'	3 1/2	22

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
CLAY SANDY BEN	0	3	
CLAY SM GRAVEL	3	10	
CLAYSTONE BEN	10	19	
CLAYSTONE SM GRAVEL	19	38	
GRAVEL SM SAND	38	50	22

Artesian Drilling, Inc.
P.O. Box 3160
Central Point, OR 97502
(541) 772-1177

Date Started 9-25-06 Completed 9-28-06

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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.

WWC Number _____ Date _____
Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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.

WWC Number 1957 Date 9-20-06
Signed _____

RECEIVED
MAY 25 2006