Jeff
50263

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FEB 17 1998
WATER RESOURCES DEPT.
SALEM, OREGON

L22903

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

WELL I.D.# _____ START CARD # 104266

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

(1) OWNER: Well Number 450-103

Name Deschutes Valley Water district

Address 1141 SW Culver Hwy

City Culver State OR Zip 97741

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger

[ ] Other _____

(4) PROPOSED USE:

[ ] Domestic [X] Community [X] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 425 ft.

Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
19"	0	30	bent/cem	0	68	260 sacks
16"	30	231	cement	200	231	30 sacks

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[ ] Other poured dry on bentonite

Backfill placed from 50 ft. to 68 ft. Material hole plug

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12"	0	231	.375	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method _____

[ ] 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 [X] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.
4,500	—	—	2hr

Temperature of water 53 Depth Artesian Flow Found 253

Was a water analysis done? [ ] Yes By whom _____

Did any strata contain water not suitable for intended use? [ ] Too little

[ ] Salty [ ] Muddy [ ] Odor [ ] Colored [X] Other Sandy

Depth of strata: 3'-216'

(9) LOCATION OF WELL by legal description:

County Jefferson Latitude _____ Longitude _____

Township 12S N or S Range 12E E or W. WM.

Section 33 _____ 1/4 SW 1/4 NE

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 7676 SW Lasalle LN

Culver OR

(10) STATIC WATER LEVEL:

Flowing ft. below land surface. Date _____

Artesian pressure 48 lb. per square inch. Date 11-26-97

(11) WATER BEARING ZONES:

Depth at which water was first found 3'

From	To	Estimated Flow Rate	SWL
3'	216'	1,500gpm	2'
253	415	4,500gpm	48psi

(12) WELL LOG:

Ground Elevation 3116

Material	From	To	SWL
basalt rubble	0	41	2'
cemented vokanies	41	64	2'
conglomerate red			
cemented sand drk brown	64	165	2'
with some gravel grey			
cemented volcan conglom	165	216	2'
basalt light grey hard	216	231	
hard vesicular basalt	231	253	
broken,weathered,basalt	253	270	
significant water	270	274	
harder basalt	274	285	
course sand, gravel &			
cobbles-cem.app.300gpm	285	305	
more cobbles & coarse gr	305	318	
more sand,fewer cobbles	318	325	
app.700 gpm artesian			
flow,increasing to1200g	325	335	
broken,weathered,basalt			
w/clay infilling	335	370	
CONTINUE TO NEXT PAGE			

Date started 10-14-97 Completed 11-27-97

(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.

WWC Number 1523

Signed Robert Date 11-27-97

(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.

WWC Number 723

Signed _____ Date 12-27-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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ATE OF OREGON
ATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D.# _____ (START CARD) # _____

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

(1) OWNER: Well Number _____

Name _____

Address _____

City _____ State _____ Zip _____

(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 _____ ft.

Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____

☐ 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
			1 hr.

Temperature of water _____ 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 _____ Latitude _____ Longitude _____

Township _____ N or S Range _____ E or W. WM.

Section _____ 1/4 _____ 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
hard vesicular basalt, some fractures	370	410	
hard, broken basalt	412	413	
hard, idense basalt app. 2500gpm artesian flow	413	427	

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Date started _____ Completed _____

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WWC Number _____

Signed _____ Date _____

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER