

(1) LAND OWNER Owner Well I.D. _____
First Name BILL Last Name GRAFTON
Company BEND TRAP CLUB
Address P.O. BOX 7774
City BEND State OR Zip 97708

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

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

(4) PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard ☐ Attach copy)
Depth of Completed Well 565.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	18.5	Bentonite	0	18.5	10	S
8	18.5	565					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Poured Dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER		Dia		From		To	Gauge	Stl	Plstc	Wld	Thrd
☒	8	☒	1.5	18.5	.250						
☐	6	☐	0	565	.188						
☐		☐									
☐		☐									
☐		☐									
☐		☐									
☐		☐									
☐		☐									
☐		☐									

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 565

Temp casing ☐ Yes Dia 6 From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Machined

Screens Type _____ Material _____

Perf/S	Casing/Screen	Liner	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	6	505	525	13	4	256		
Perf	Liner	6	545	565	13	4	256		

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

35		560	1

Temperature 70 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 20.00 S N/S Range 16.00 E E/W WM

Sec 5 NE 1/4 of the NW 1/4 Tax Lot 1206

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☐ Nearest address

29753 HWY 20

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	<u>09-07-2007</u>		<u>423</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 476

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-07-2007	476	565	35		423

(11) WELL LOG

Ground Elevation

Material	From	To
Top Soil	0	2
Solid Brown Conglom	2	183
Hard Grey Lava	183	248
Red Sandstone	248	270
Mild Brown Lava	270	320
Hard Grey Lava	320	340
Broken Lava	340	361
Hard Grey Lava	361	458
Mild Broken Brown Lava	458	469
Hard Brown Lava	469	476
Mild Brown Lava w/ tan claystone	476	495
Coarse Brown Sandstone	495	535
Mild Black Lava	535	565

Date Started 09-06-2007 Completed 09-07-2007

(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.

License Number 1276 Date 09-10-2007

Electronically Filed

Signed VINCENT MACKEY (E-filed)

(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.

License Number 1819 Date 09-10-2007

Electronically Filed

Signed JEFFREY R RANDALLS (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.86

T 10973

WATER RESOURCES DEPT
SALEM, OREGON