CLAIM OF BENEFICIAL USE for Permits claiming more than 0.1 cfs and All Transfers



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900 www.wrd.state.or.us

A fee of \$175 must accompany this form for <u>permits</u> with priority dates after July 8, 1987.

A fee of \$175 must accompany this form for any <u>Transfer final orders</u> including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each permit.

In cases where a permit has been amended through the permit amendment process, a separate claim for the permit amendment is not required. Incorporate the permit amendment into the claim for the permit.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: http://www.oregon.gov/owrd/pages/wr/cwre_info.aspx

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. Every item must have a response. If any requested information does not apply to the claim, insert "NA." Do not delete or alter any section of this form unless directed by the form. The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see http://www.oregon.gov/owrd/pages/mgmt reimbursement authority.aspx

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SECTION 1 GENERAL INFORMATION

DEC 1.1 2015

1. File Information

SALEM, OR

APPLICATION # (G, R, S or T)	PERMIT # (IF APPLICABLE)	PERMIT AMENDMENT # (IF APPLICABLE)
G-15520	G-15696	

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME		PHONE NO.		ADDITIONAL CONTACT NO.
Bend – Lapine School District		541 355-47	02	
Address		180		
520 NW Wall Street				
CITY	STATE	ZIP	E-MAIL	
Bend	OR	97701	Mike.tiller(@bend.k12.or.us

If the current property owner is not the permit or transfer holder of record, it is recommended that an assignment be filed with the Department. Each permit or transfer holder of record must sign this form.

3. Permit or transfer holder of record (this may, or may not, be the current property owner)

PERMIT OR TRANSFER HOLDI	ER OF RECORD		
Bend - Lapine School Dist	rict		
ADDRESS			
520 NW Wall Street			
CITY	STATE	ZIP	
Bend	OR	97701	·

Additional Permit or Trans	FER HOLDER OF RE	CCORD	
Address			
Сіту	STATE	ZIP	

4. Date of Site Inspection:

October 14, 2015

5. Person(s) interviewed and description of their association with the project:

Name	DATE	ASSOCIATION WITH THE PROJECT
Wes Martin	Oct. 14, 2015	School District- Irrigation System Manager
Mike Tiller	Oct. 21, 2015	School District- Director of Facilities & Maintenance

6. County:

Deschutes

7. If any property described in the place of use of the permit or transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(4)):

OWNER OF RECORD			
Address	, 6		
Сіту	STATE	Zip	
A 11 112 1 11 C	0 1 11		_

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Add additional tables for owners of record as needed

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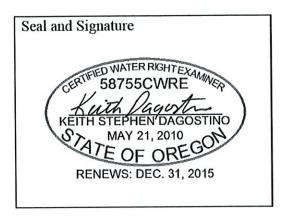
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SECTION 2 SIGNATURES

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME	RE NAME		О.	ADDITIONAL CONTACT NO.
Keith Dagostino		541 693-4	1134	
ADDRESS				
61278 King Jeroboam A	ve.			
CITY	STATE	ZIP	E-MAIL	
Bend	OR	97702	kdagostino	@dp2llc.com

Permit or Transfer Holder's of Record Signature or Acknowledgement

<u>Each</u> permit or transfer holder of record must sign this form in the space provided below. The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
m ilk	Mike Tiller	Director of Facilities and Maintenance	11-17-15

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SECTION 3

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CLAIM DESCRIPTION

1. Point of diversion/appropriation name or number:

SALEM, OR

(POD/POA) NAME OR NUMBER (CORRESPOND TO MAP)	FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	(IF APPLICABLE)
POD#1	DESC 8108	NONE

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

2. Point of diversion/appropriation source and, if from surface water, the tributary:

UTARY
-

3. Developed use(s), period of use, and rate for each use:

POD/POA Name or Number	Uses	IF IRRIGATION, LIST CROP TYPE	SEASON OR MONTHS WHEN WATER WAS USED	ACTUAL RATE OR VOLUME USED (CFS, GPM, or AF)
POD#1	Irrigation	No Crop- grasses	April- October	Varies – 0.26 cfs max continuous rate
Total Quantit	y of Water Us	sed		Varies

4. Provide a general narrative description of the distribution works. This description must trace the water system from **each** point of diversion or appropriation to the place of use:

Water is accessed at POD#1 via a submersible well pump in well, with VFD well motor controls, and discharged directly to distribution system. The well, and initial discharge facilities, meter, etc. are housed in a shed/out building. Water is then dispersed to various irrigation sites via distribution piping.

Reminder: The map associated with this claim must identify the location of the point(s) of diversion, Donation Land Claims (DLC), Government Lots (GLot), and Quarter-Quarters (QQ).

5. Variations:

Was the use developed differently from what was authorized by the permit, permit amendment final order, or extension final order? If yes, describe below.

YES



(e.g. "The permit allowed three points of diversion. The water user only developed one of the points." or "The permit allowed 40.0 acres of irrigation. The water user only developed 10.0 acres.")

6. Claim Summary:

POD#1	0.26 CFS	SYSTEM Varies- VFD	N/A	Irrigation	20.6	20.6
NAME OR #	RATE AUTHORIZED	THEORETICAL RATE BASED ON	WATER MEASURED		ACRES ALLOWED	DEVELOPED
POD/POA	MAXIMUM	CALCULATED	AMOUNT OF	USE	# OF	# OF ACRES

SECTION 4

SYSTEM DESCRIPTION

Are there multiple PODs or POAs?

YES NO

If "YES" you will need to copy and complete Sections 4B through 4G for each POD/POA.

POD/POA Name or Number this section describes (only needed if there is more than one):

A. Place of Use

1. Is the right for municipal use?



If "YES" the table below may be deleted.

TWP	RNG	MER	SEC	QQ	GLOT	DLC	Use	IF IRRIGATION, # PRIMARY ACRES	IF IRRIGATION, # SUPPLEMENTAL ACRES
22S	10E	WM	10	NE-SE			IRR	10.8	
22S	10E	WM	10	SE-SE			IRR	9.8	
Total	Acres I	rrigated							

Reminder: The map associated with this claim must identify Donation Land Claims (DLC), Government Lots (GLot), Quarter Quarters (QQ), and if for irrigation, the number of acres irrigated within each projected DLC, GLot, and QQ.

B. Diversion and Delivery System Information

Provide the following information concerning the diversion and delivery system. Information provided must describe the equipment used to transport <u>and</u> apply the water from the point of diversion/appropriation to the place of use.

1. Is a pump used?



If "NO" items 2 through item 6 may be deleted.

2. Pump Information

Manufacturer	MODEL	SERIAL NUMBER	Type (centrifugal, turbine or submersible)	INTAKE SIZE	DISCHARGE SIZE
Franklin	F8STS550-4	2M120461	Submersible	6 inch	6 inch

3. Motor Information

Horsepower
50

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4. Theoretical Pump Capacity

50	85	90 feet bgs +/-	110 feet +/-	(IN CFS) Varies via VFD
Horsepower	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT

5. Provide pump calculations:

Well Pump- theoretical capacity calculation:

Q = 550(e)(hp)/(j) (TDH)

e = .55

hp=50

j = 62.4

TDH= 110'+196'(85 psi)+20'(minor losses)= 326'

Q=550(.55)(50) / 62.4(326) = 0.74 cfs

(Note well pump discharge is controlled by pc controller and variable speed motor drive).

6. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
Digital flow meter	Digital flow meter	N/A	0.70

Reminder: For pump calculations use the reference information at the end of this document.

7. Is the distribution system piped?



If "NO" items 8 through item 11 may be deleted.

8. Mainline Information

MAINLINE SIZE	LENGTH	TYPE OF PIPE	BURIED OR ABOVE GROUND
6- inch	200 feet +/-	PVC	buried
4 -inch	2000 feet +/-	Sch 40 PVC	buried
3 -inch	1000 feet +/-	Sch 40 PVC	buried

9. Lateral or Handline Information

LATERAL OR HANDLINE SIZE	LENGTH	TYPE OF PIPE	Buried or Above Ground
2- inch	2500 feet +/-	Sch 40 PVC	buried
1.5 -inch	2500 feet +/-	Sch 40 PVC	buried
1 -inch	2000 feet +/-	Sch 40 PVC	buried

10. Sprinkler Information

Size	OPERATING PSI	SPRINKLER OUTPUT (GPM)	TOTAL NUMBER OF SPRINKLERS	MAXIMUM NUMBER USED	TOTAL SPRINKLER OUTPUT (CFS)
Rainbird Falcon Rotors	50 PSI +	6-10 GPM	Est. 300	Est. 300	Varies
Rainbird Various	50 PSI +	Varies	Est. 500- 800	Est. 800	Varies
Rainbird 8005 –SS Series	50 PSI +	6-10 GPM	Est. 100- 150	Est. 150	Varies

Reminder: For sprinkler output determination use the reference information at the end of this document.

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11. Pivot Information

MANUFACTURER	MAXIMUM WETTED RADIUS	OPERATING PSI	TOTAL PIVOT OUTPUT (GPM)	TOTAL PIVOT OUTPUT (CFS)

12. Additional notes or comments related to the system:

C.	Groundwater	Source	Information	(Well and	Sump)

1. Is the appropriation from ground water (well or sump)?



If "NO", items 2 through 8 relating to this section may be deleted.

2. Describe the access port (type and location) or other means to measure the water level in the well:

1-1/4 inch galvanized pipe port on well head in well/control building.

3. If well logs are not available, provide as much of the following information as possible:

CASING	CASING	TOTAL	COMPLETION	COMPLETION	WHO THE WELL	WELL
DIAMETER	DEPTH	DEPTH	DATE OF	DATES OF	WAS DRILLED	DRILLED BY
			ORIGINAL	ALTERATIONS	FOR	
			WELL			
16 inch	52 feet	52 feet	March 1983		Bend Lapine	West Coast
25					Schools	Drilling Inc.
10 inch	1311 feet	1312	March 1983		Schools Bend Lapine	Drilling Inc. West Coast

4. In addition to the information requested in item "3" above, provide any other information which may help the Department locate any well logs associated with this appropriation.

5. Is the appropriation from a dug well (sump)?



If "NO", items 6 through 8 relating to this section may be deleted.

Reminder: Construction standards for sumps can be found in OAR 690-210-0400.

6. If the appropriation involves a **SUMP**, provide the following information for each **SUMP**:

LENGTH	WIDTH	AVERAGE DIAMETER	MAXIMUM DEPTH	SURFACE AREA (IN ACRES)	VOLUME IN CUBIC FEET OR ACRE FEET

7. If the sump is curbed constructed with watertight surface curbing, describe the curbing:

CURBING MATERIAL	IF CONCRETE,
(CONCRETE, CONCRETE TILES, OR STEEL)	PROVIDE THE THICKNESS OF THE WALL
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		ations:	· · · · · · · · · · · · · · · · · · ·					
D. Storage								
1. Does the distribulge in system /		include in-sys	stem stora	age (e.g. stora	age tank,			YES NO
If "NO", item 2 d	and 3 relating i	to this section	may be d	eleted.				
E. Gravity Flo		HE HAZEN-WILL	IAM'S FORM	MULA FOR A GRA	VITY FLOW	PIPE SYSTE	M)	
1. Does the syste	em involve a gr	avity flow pip	e?					YES NO
If "NO", items 2	through 4 rela	ting to this sec	ction may	be deleted.				
2. Complete the	table:							
PIPE PIP SIZE TYI		AMOUN' FALI		ENGTH OF PIP	E SLO			D RATE OF OW (IN CFS)
SIZE TYP	PE FACTOR	FALL	,			· ·	VAIERIL	OW (IN Cra)
					UREMENT	ME	ASURED C	OUANTITY OF
4. If an actual m Date of Measurem		s taken, provi WHO MADE MEASUREMI	THE	MEASI	UREMENT ETHOD	ME	asured Q Water (QUANTITY OF (IN CFS)
DATE OF MEASUREM	ENT	WHO MADE	THE	MEASI		ME		
DATE OF MEASUREM Attach measuren F. Gravity Flo (THE DEPARTMENT) 1. Is a gravity flo	ent notes. Ow Canal or TYPICALLY USES Now canal or dit	WHO MADE MEASUREMI Ditch MANNING'S FORM ch used to cor	THE ENT MULA FOR C	MEASI ME ANALS AND DITO	CHES)		WATER	
DATE OF MEASUREM Attach measuren F. Gravity Flo THE DEPARTMENT I. Is a gravity flo If "NO", items 2	nent notes. Ow Canal or TYPICALLY USES NOW canal or dit through 4 relationships	WHO MADE MEASUREMI Ditch MANNING'S FORM ch used to cor	THE ENT MULA FOR C	MEASI ME ANALS AND DITO	CHES)		WATER	(IN CFS)
	nent notes. Ow Canal or TYPICALLY USES NOW canal or dit through 4 relationships	WHO MADE MEASUREMI Ditch MANNING'S FORM ch used to cor	THE ENT MULA FOR C	MEASI	CHES)		WATER	(IN CFS)
DATE OF MEASUREM Attach measurem F. Gravity Floating The Department I. Is a gravity floating "NO", items 2 Complete the Canal Or Ditch Type	nent notes. Ow Canal or TYPICALLY USES Now canal or dit through 4 related table: TOP WIDTH OF CANAL OR	WHO MADE MEASUREMING Ditch MANNING'S FORM Ch used to conditing to this see BOTTOM WIDTH OF CANAL OR	THE ENT MULA FOR Convey the vection may	MEASI	CHES) of the dis	LENGTH OF CANAL/	WATER	YES NO

3. Provide calculations:			

4. If an actual measurement was taken, provide the following:

DATE OF	WHO MADE THE	Measurement	MEASURED QUANTITY OF
MEASUREMENT	MEASUREMENT	Метнор	WATER (IN CFS)
IVIEASUREMENT	IVIEASUREMENT	METHOD	WATER (IN Crs)

Attach measurement notes.

G. Reservoir

1. Does the claim involve a reservoir modified through a transfer?

Reminder: Complete this section if the reservoir right has been modified through the transfer process. If the claim is for a permitted reservoir use the Claim of Beneficial Use form for reservoirs.



If "NO", items 2 through 9 relating to this section may be deleted.

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SECTION 5

CONDITIONS

All conditions contained in the permit, permit amendment, transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Permits, transfer final orders, and any extension final orders contain any or all of the following dates: the date when the actual construction work was to begin, the date when the construction was to be completed, and the date when the complete application of water to the proposed use was to be completed. These dates may be referred to as ABC dates. Describe how the water user has complied with each of the development timelines

established in the permit, extension or transfer final order:

	DATE FROM PERMIT OR	DATE ACCOMPLISHED*	DESCRIPTION OF ACTIONS TAKEN BY WATER USER TO COMPLY WITH THE
	TRANSFER		TIME LIMITS
ISSUANCE DATE	August 6, 2004		
BEGIN CONSTRUCTION (A)		September 2004	
COMPLETE CONSTRUCTION (B)		September 2008	
COMPLETE APPLICATION OF WATER (C)	October 1, 2008	September 2008	Construction of irrigation supply and distribution system, and areas of application.

^{*} MUST BE WITHIN PERIOD BETWEEN PERMIT, TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETELY APPLY WATER

2. Is there an extension final order(s)?

YES NO

If "NO", you may delete item 3 in this section.

3. If for a transfer extension order, provide the following information:

VOLUME	PAGE	DATE EXTENDED TO

4. Initial Water Level Measurements:

a. Was the water user required to submit an initial static water level measurement?



If "NO", items 4b through 4d relating to this section may be deleted.

5. Annual Static Water Level Measurements:

a. Was the water user required to submit annual static water level measurements?



6. Pump Test (Required for most ground water permits prior to issuance of a certificate)

a. Did the permit require the submittal of a pump test?



If "NO", items 6b through 6e relating to this section may be deleted.

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b. Has the pump test been previously submitted to the Department?

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c. Is the pump test attached to this claim?

SALEM, OR

d. Has the pump test been approved by the Department?



e. Has a pump test exemption been approved by the Department?



** Claims will not be reviewed until a pump test or exemption has been approved by the Department

7. Measurement Conditions:

a. Does the permit, permit amendment, transfer final order, or any extension final order require the installation of a meter or approved measuring device?

If "NO", items 7b through 7f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of diversion or appropriation.

b. Has a meter been installed?



NO

c. Meter Information

POD/POA Name or #	Manufacturer	SERIAL#	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
POD #1	Data Industrial Digital Flow Monitor	900T (Model #)	Working	3351918 gals	unknown

If a meter has been installed, items 7d through 7f relating to this section may be deleted.

8. Recording and reporting conditions

a. Is the water user required to report the water use to the Department?



If "NO", item 8b relating to this section may be deleted.

b. Have the reports been submitted?

METHOD OF SUBMITTING REPORT (PAPER OR ELECTRONIC)	WATER USER REPORTING ID	

YES NO

If the reports have not been submitted, attach a copy of the reports if available.

9. Fish Screening

a. Are any points of diversion required to be screened to prevent fish from entering the point of diversion?

YES NO

If "NO", items 9b through 9e relating to this section may be deleted.

10. By-pass Devices

a. Are any points of diversion required to have a by-pass device to prevent fish from entering the point of diversion?



If "NO", items 10b and 10c relating to this section may be deleted.

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11. Other conditions required by permit, permit amendment final order, extension final order, or transfer final order:

a.	Were there special well construction standards?	YES NO
b.	Was submittal of a ground water monitoring plan required?	YES NO
c.	Was the water user required to restore the riparian area if it was disturbed?	YES NO
d.	Was a fishway required?	YES NO
e.	Was submittal of a letter from an engineer required prior to storage of water?	YES NO
f.	Was submittal of a water management and conservation plan required?	YES NO
g.	Other conditions?	YES NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

Mitigation Obligation of 25.3 acre-feet in the General Zone of Impact(anywhere in the Deschutes River Subbasin above the Madras gage).

The user has provided and continually maintains the mitigation

The School District's obligation is partially fulfilled with 12.34 permanent mitigation credits from mitigation project MP-129. The remaining balance of 12.96 mitigation credits is purchased annually from the Deschutes River Conservancy Groundwater Mitigation Bank. The DRC's bank sells temporary credits created from instream leases on an annual basis and reports these credit sales to the state at the end of each calendar year per its bank charter and reporting requirements.

SECTION 6

ATTACHMENTS

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
DESC 8108	Well log(Water well Report)

SECTION 7

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

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Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

The survey of beneficial use areas was completed by ground field topographic survey by D'Agostino)
Parker LLC, under direction of Keith Dagostino PLS, with Leica TS15P R400 robotic total station	
instrument.	

Map Checklist	
Please be sure that the map you submit includes ALL the items listed below. (Reminder: Incomplete maps and/or claims may be returned.)	
\boxtimes	Map on polyester film
\boxtimes	Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
\boxtimes	Township, Range, Section, Donation Land Claims, and Government Lots
\boxtimes	If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
	Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
\boxtimes	Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
	Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
\boxtimes	Point(s) of diversion or appropriation (illustrated and coordinates)
\boxtimes	Tax lot boundaries and numbers
	Source illustrated if surface water
\boxtimes	Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
\boxtimes	Application and permit number or transfer number
\boxtimes	North arrow
\boxtimes	Legend
\boxtimes	CWRE stamp and signature

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WATER WELL REPORT #10 - 205/10E-10 RECEIVED State Well No. 225/105-10da NE4, SE4 MAR & 0 1983 Desphitis WATER RESOURCES DEPTState Permit No. SALEM, OREGON (10) LOCATION OF WELL: (1) OWNER: Name Administrative School Dist. # 1 Driller's well number LHS County De Address 520 NW Wall St. or 97701 Blk Lot Tax Lot # Pend LaPine High School (2) TYPE OF WORK (check): Reconditioning ... Abandon [] New Well M Deepening (11) WATER LEVEL: Completed well. If abandonment, describe material and procedure in Item 12. Depth at which water was first found (3) TYPE OF WELL: (4) PROPOSED USE (check): 10-83 ft. below land surface. Date ☐ Municipal П lbs. per square inch. Date Domestic ☐ Industrial Rotary Air 🛚 Driven Artesian pressure Test Well □ Other Rotary Mud 🗔 🕻 Dug Irrigation E Thermal: Withdrawal ☐ Reinjection (12) WELL LOG: Bored Diameter of well below casing Depth drilled 1460 ft. Depth of completed well 1460 ft. (5) CASING INSTALLED: Plastic Formation: Describe color, texture, grain size and structure of materials; and show Threaded Welded thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level 10 "Diam from +1 ft. to 1311 ft. Gauge and indicate principal water-bearing strata. LINER INSTALLED: MATERIAL SWL ..."Diam from 1279 ft to 1443 ft. Gauge ... 322 Soil sandy brown -41 Sand, grey-pea gravel (6) PERFORATIONS: Perforated? A Yes | No liner Clay grey 41 139 Type of perforator used 139 311 Clay green Size of perforations in. Pumice, black-white-brn 311 339 perforations from 1311 ft to 1443 ft. lay brown 77. 339 perforations from ft. to ft. 363 384 Pumice hard perforations from ft. to...... 384 443 lay brown 443 452 (7) SCREENS: Well screen installed? ☐ Yes ☐ No Pumice hard, white Clay brn, pumice strks. Manufacturer's Name 452 F 07 white, soft 607 617 Sand black-grey 887 617 Slot Size Set from ft. to ft. lay grey, pumice strks Drawdown is amount water level is lowered lay grey-white, pumice (8) WELL TESTS: below static level 887 1006 strks white Pumice hard, white 100/1019 950 gal/min. with ft. drawdown after hrs. 10191297 Clay grey - pumice strks . " 12971318 Basalt, hard erev hrs. 13181440 Air test gal./min. with drill stem at asalt, blk, cinders Bailer test gal/min. with ft. drawdown after 14401460 asalt. hard grev esian flow Depth artesian flow encountered ft. perature of water Work started 1-26 1983 Completed Date well drilling machine moved off of well (9) CONSTRUCTION: Special standards: Yes
No Well seal—Material used ement Well sealed from land surface to 0-52 1280-1311 Diameter of well bore to bottom of seal 20" to .i52 **Drilling Machine Operator's Certification:** This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] Stution 19.3 (Drilling Machine Operator) Number of sacks of cement used in well seal 140 How was cement grout placed? Pressure pumped Water Well Contractor's Certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. Name Vest Coast Drill Was a drive shoe used? ☐ Yes ☐ No Plugs Size: location ft. Address . 220 AAC adamy St Did any strata contain unusable water?

Yes

No

NOTICE TO WATER WELL CONTRACTOR EIVED BY WATER RESOURCES DEPARTMENT,
The original and first copy of this report

Type of Water?

Method of sealing strata off

Was well gravel packed? ☐ Yes ∑ No

Gravel placed fromft. toft.

depth of strata

are to be filed with the

within 30 days from the date of well completion.

Contractor's License No. 1.A. Date 3-28 1983

SP*12658-690

