

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

(WELL I.D.)# L **58239**

(START CARD) # **149715**

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

(1) OWNER: Well Number _____
 Name **Avion Water**
 Address **60813 Parrell Rd.**
 City **Bend** State **OR** Zip **97701**

(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 **484** ft.
 Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|----------|------|-----|-----------------|
| Diameter | From | To | Material | From | To | |
| 18" | 0 | 486 | Cement | 0 | 30 | 20 sacks |
| | | | Cement | 340 | 360 | 15 sacks |

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from **30** ft. to **340** ft. Material **Cement/Sand**
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 14" | +1 | 484 | .375 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(7) PERFORATIONS/SCREENS:

Perforations Method **Factory Slotted**
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 386 | 464 | 1/8x3 | 2500 | 14" | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 500+ | N/A | 485 | 1 hr. |

Temperature of water **58 F** 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 **Crook** Latitude _____ Longitude _____
 Township **15** S Range **14** E WM.
 Section **28** SW 1/4 NE 1/4
 Tax Lot **201** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Powell Butte/Bend Hwy**
Powell Butte, Oregon

(10) STATIC WATER LEVEL:
364 ft. below land surface. Date **10-3-02**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **400**

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 400 | 449 | 300+ gpm | 364 |
| 474 | 481 | 500+ gpm | 364 |

(12) WELL LOG:
 Ground Elevation _____

| Material | From | To | SWL |
|------------------------------|------|-----|-----|
| Sands | 0 | 6 | |
| Basalt - gray lava | 6 | 170 | |
| Brown Basalt with brown clay | 170 | 180 | |
| Brown Lava | 180 | 315 | |
| Black with brown lava | 315 | 400 | 364 |
| Broken basalt - lava | 400 | 449 | |
| Hard Basalt - Lava | 449 | 474 | |
| Broken brown lava | 474 | 481 | |
| Hard Basalt | 481 | 486 | |

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 OCT 30 2002
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **9-9-02** Completed **10-3-02**

(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.
 Signed _____ WWC Number **1523**
 Date **10-18-02**

(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.
 Signed _____ WWC Number **1464**
 Date **10/19/02**