STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

CROO 53268
10-27-2006

WELL LABEL # L 83231

START CARD # 1000142

(1) LAND OWNER

Owner Well I.D. 1358

First Name _____ Last Name _____

Company RIVERBEND LLC #4 lot 7

Address PO BOX 286

City BEND State O Zip 97701

(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/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 140.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
12	0	18.5	Bentonite	0	18.5	12	S
8	18.5	140					

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

☒ Other POURED IN DRY

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
◉	○	8	☒	1.5	18.5	.250	◉	○		
○	○		☐				○	○		
○	○		☐				○	○		
○	○		☐				○	○		
○	○		☐				○	○		

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30		140	1

Temperature 59 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Crook Twp 16.00 S N/S Range 16.00 E E/W WM

Sec 12 SE 1/4 of the SW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

○ Street address of well ◉ Nearest address

DAVIS LP, PRINEVILLE, OR 97754

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	10-24-2006		☐	80

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-23-2006	100	140	30		☐	80
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
SANDY TOP SOIL	0	1
ROCK CLAY SEAMS	1	40
BROKEN ROCK	40	140

Date Started 10-23-2006 Completed 10-24-2006

(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 _____ Date _____

Electronically Filed

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.

License Number 584 Date 10-27-2006

Electronically Filed

Signed DARRELL MAPHET (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: 0.88