

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

*DESC*  
*1487*

*148/12E/23cd*

299-81-24

(START CARD) # 33165

**(1) OWNER:** Well Number 579-22-92  
 Name High Country Mint - Ben Westland  
 Address 20590 Arrowhead Drive  
 City Bend State Or. Zip 97701

**(2) TYPE OF WORK:**  
 New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD:**  
 Rotary Air  Rotary Mud  Cable  
 Other

**(4) PROPOSED USE:**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

**(5) BORE HOLE CONSTRUCTION:**  
 Special Construction approval  Yes  No Depth of Completed Well 330 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE Diameter	From To		Material	SEAL From To		Amount sacks or pounds
10"	300	330	undisturbed			

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from -100 ft. to -300 ft. Size of gravel 1/2" minus

**(6) CASING/LINER:**

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	10"	+1	-299	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**  
 Perforations Method Machine- air rotary  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
160	200	1/4"x1"	1100			<input type="checkbox"/>	<input checked="" type="checkbox"/>
240	300	1/8x3	1404			<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem at	Time
300	170'	330	3 x 1/2 hr.

Temperature of Water 54° 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 Deschutes Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 14  or S. Range 12 E of W. WM.  
 Section 23 SE 1/4 SW 1/4  
 Tax Lot 100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Odin Falls Ranch & Grubstake & 66th st.

**(10) STATIC WATER LEVEL:**  
160 ft. below land surface. Date 9-2-92  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 160

From	To	Estimated Flow Rate	SWL
160	180	300+	160

**(12) WELL LOG:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Install 10" x .250 Liner & Gravel pack with 10 yds 1/2" clean well from 270' to 330' air perforate from 160' to 180'			160
drilled by Big Three Drilling & Pump Service, 12-81			

**RECEIVED**  
**SEP 18 1992**  
 WATER RESOURCES DEPT  
 SALEM, OREGON

Date started 9-2-92 Completed 9-11-92

**(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.  
 WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ Date \_\_\_\_\_

**(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 well construction standards. This report is true to the best of my knowledge and belief.  
 WWC Number 685  
 Signed *[Signature]* Date 9-11-92