

AMENDED

RECEIVED

109818

DESC 50947

JUL 14 1997

(START CARD) # 98313

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

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

(1) OWNER: Well Number _____
Name OMSI / 90 Rod McDowell
Address 1945 S.E. Water Ave.
City Portland State OR Zip 97214-3354

(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 120 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
<u>10 1/2</u>	<u>0</u>	<u>30</u>	<u>cem. slurry</u>	<u>0</u>	<u>30</u>	<u>1-5 YDS</u>
<u>8</u>	<u>30</u>	<u>120</u>				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>8</u>	<u>+2</u>	<u>95</u>	<u>25?</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6</u>	<u>80</u>	<u>120</u>	<u>188</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>100</u>	<u>120</u>	<u>1/8</u>	<u>256</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>30 +</u>	<u>0</u>	<u>113</u>	<u>1 hr</u>

Temperature of water 45 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: _____

SALE OF ORIGIN WELL by legal description:
County Deschutes Latitude _____ Longitude _____
Township 18 N or S Range 10 E or W. WM. _____
Section 10 NW 1/4 NW 1/4
Tax Lot 800 Lot 15 Block B Subdivision _____
Street Address of Well (or nearest address) Skyliner Dr.
Lead One 97701

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 6-4-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 98

From	To	Estimated Flow Rate	SWL
<u>98</u>	<u>120</u>	<u>300</u>	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>SANDY TOP SOIL</u>	<u>0</u>	<u>1</u>	
<u>Large Gravel & SAND</u>	<u>1</u>	<u>98</u>	
<u>W.D. SAND & Gravel</u>	<u>98</u>	<u>120</u>	

Date started 6-2-97 Completed 6-4-97
(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 Bob Randall WWC Number _____ Date 6-5-97

(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 Dana WWC Number 1255 Date 6-5-97

DESC 50947
RECEIVED
DESC 50947
JUN 16 1997

WELL I.D.#
109818

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

WATER RESOURCES DEPT.
SALEM, OREGON (START CARD) # 98313

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

(1) OWNER: Well Number _____
Name OMSI / To Rod McDowell
Address 1945 SE Water Ave.
City Portland State OR Zip 97214-3354

(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 120 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
<u>8 1/2</u>	<u>0 30</u>	<u>Cem. Slurp</u>	<u>0 30</u>	<u>1-2</u>	<u>XDS</u>
<u>8</u>	<u>30 120</u>				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>8</u>	<u>+2</u>	<u>95</u>	<u>1250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6</u>	<u>80</u>	<u>120</u>	<u>188</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>100</u>	<u>120</u>	<u>1/8</u>	<u>256</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 30+ Drawdown 0 Drill stem at 115 Time 1 hr
Temperature of water 45° 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 18 N or S Range 10 E or W. WM.
Section 10AA NE 1/4 NE 1/4
Tax Lot 800 Lot 15 Block B Subdivision HAHA
Street Address of Well (or nearest address) Sky Linner Dr.
Bend, Ore. 97701

(10) STATIC WATER LEVEL:
44 ft. below land surface. Date 6-4-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 98

From	To	Estimated Flow Rate	SWL
<u>98</u>	<u>120</u>	<u>30+</u>	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>SANDY TOP SOIL</u>	<u>0</u>	<u>1</u>	
<u>Large Gravel & SAND</u>	<u>1</u>	<u>98</u>	<u>44</u>
<u>W.D. SAND & Gravel</u>	<u>98</u>	<u>120</u>	

Date started 6-2-97 Completed 6-4-97

(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 Helpen Carl Randall WWC Number _____ Date 6-5-97

(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 Doug Allen WWC Number 1255 Date 6-5-97

Oregon Water Resources Department

REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN OREGON ADMINISTRATIVE RULES 690-200 THROUGH 690-240

Before request can be considered, the following must be answered. Requests shall be submitted to the Well Construction Specialist, Water Resources Department. Requests may also be considered by the appropriate Regional Manager.

Date of request: June 3, 1997

Bonded Well Constructor (name, license and mailing address): Doug Aiken #1255

Aiken Well Drilling 3923 NE 37th Redmond Or. 97756
T.L. 800

(1) Location of Well: SW 1/4 NW 1/4 of Section 10, Township 18S,
Range 10E, Deschutes County.

Address at well site: Skyliners Rd. Bend, Or.

(2) Start Card Number(s): 98313

(3) Name and Address of Land Owner: OMSI 1945 S.E. Water Ave.
Portland, Or. 97214-3354

(4) The distance to the nearest well, septic tank or drainfield (if water supply well): 100'

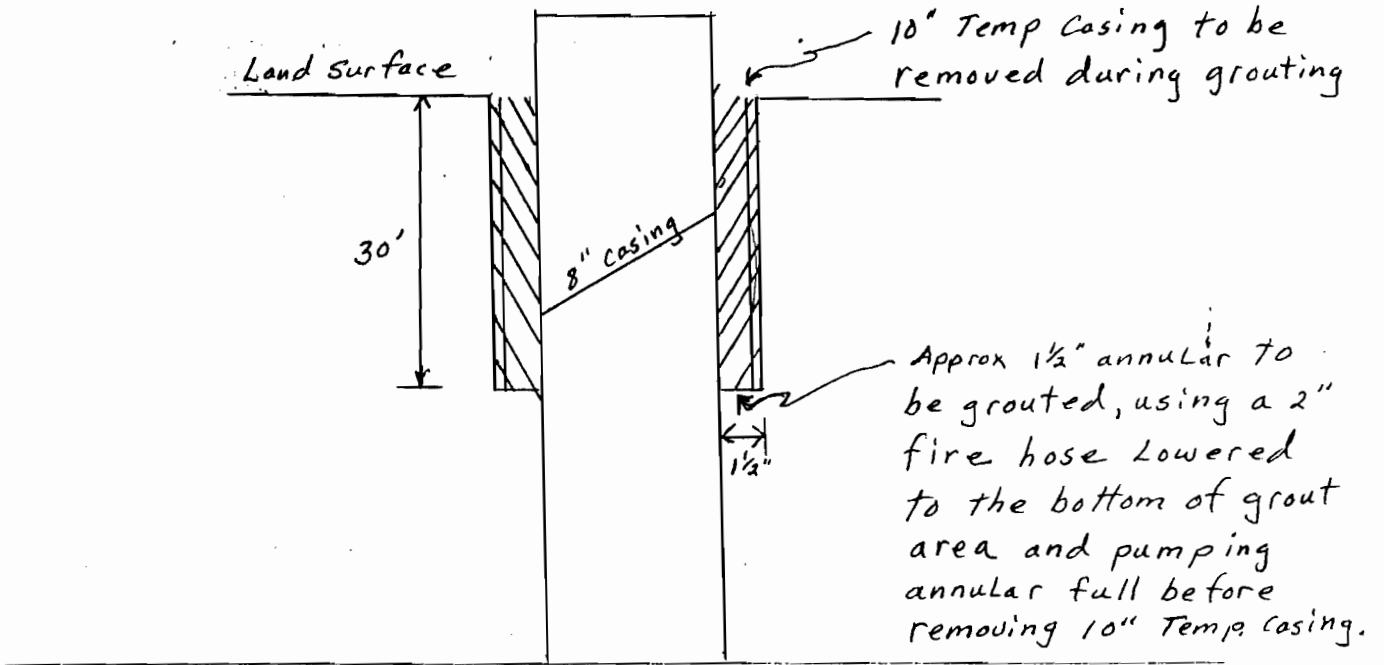
(5) The unusual conditions which necessitate this request: Drilling with (ODEX)
System. Drilling 10" hole for seal area, and
Taking 10" casing down to hold annular open. 8" casing
for finished hole and surface casing.

(6) The proposed construction methods that the well constructor believes will be adequate for this well (attach additional pages if needed)

Pressure grout from -30' to L.S., between the 8" and
10" casing and removing 10" temp. casing during
grouting process. (ODEX) Drills approx: 11 1/2" hole with
a 10" bit. Grout will be placed by using a 2" Fire
h... but see the 8" & 10" casing

w-051

- (7) Diagram showing the pertinent features of the proposed well design and construction (attach additional pages if needed):



PLEASE NOTE:

- (1) If approved, all other phases of well construction must comply with the appropriate standards described in OAR 690-200 through 690-240.
- (2) If it should be determined at some future date that the well, due to its construction, is allowing groundwater contamination, waste or loss of artesian pressure, the undersigned shall return to the site and rectify the problem.
- (3) If verbal approval was granted, a written request must be submitted to the Department either within three (3) working days of the date of verbal approval or prior to the completion of the associated well work. Failure to submit a written request as described above may void prior approval.

I have read and understand the above information. I further attest that the information provided is accurate to the best of my knowledge.

Bonded Constructor Signature: Doug Aiken

For Water Resources Department Use Only

Date: 6/3/97

Approved by: Doug D. Corey Denied by: _____

Remarks: Per. Phone conversation with Rob Carter

WATER RESOURCES DEPARTMENT WELL INSPECTION FORM

Owner Name O.M.S.I. c/o Rod McDowell
Address 1945 S.E. Water Ave. Portland, OR. 97214-3354
Purpose of Inspection Observe grouting

Well Location T 18 N1/4 R 10 E1/4 Section 10 SW1/4 NW1/4 County Deschutes
Street Address 7.L. 800 Skyliners Rd. Bend OR.
Distance & direction from house, barn, etc. _____

Well Type Type of well: Drilled Dug _____ Driven _____ Bored _____
Use of well: Domestic Stock _____ Irrigation _____ Industrial _____ Municipal _____ Test Well _____

Drilling Machine Type of drilling machine used to construct the well:
Cable tool _____ Air rotary Mud rotary _____ Reverse rotary _____
Was the drilling machine present at the well site during the inspection: yes no _____

Construction Dates Date started 6/2/97 Date completed 6/3/97
Well Contractor and Driller Well contractor's name Aiken Well Drilling License number 1255
Well driller's name Doug Aiken & Vince Mackay License number 1255

Well Inspection Diameter of casing 8 in. Thickness of casing wall .250 in. Diameter of drillhole 1 1/2 in.
Maximum thickness of annular space 1 1/2 in. Minimum thickness of annular space _____ in.
Casing cap or seal (describe) Welded steel plate
Describe the Measuring Point (M.P.) Top of casing
M.P. is 1.5 ft. (above) or below the Land Surface Datum (LSD)

Water Level Measurements		Sounded Well Depth		Sounded Open Annulus	
Tape reading _____ ft.	M.P. (+ or -) _____ ft.	Tape reading _____ ft.	M.P. (+ or -) _____ ft.	Annulus depth <u>30'</u>	feet below LSD
Depth to water <u>44</u> ft.		Depth of well <u>125</u> ft.			

Well Seal Dug _____ ft. + Augered _____ ft. + Drilled _____ ft. = _____ ft.
Describe material found in seal Cement grout

(Special Standards Issued)

Were seal samples taken: yes _____ no Number of photographs taken NO
Apparent deviation from the well construction standards None

Remarks Note: While I was observing the surface seal grouting using a fire hose between the 8" and the 10" Temp. casing, I felt this procedure went very well and the 30' annular took 1 1/2 yards of cement grout and the 10" Temp. casing was removed with no problems.

Pump Type _____ Make _____ HP _____

Inspector Name Tony H. Carey Date 6/3/97 Time of day 10:20AM
Title Well Inspector
Witnesses during the inspection yes no _____ Name Drillers & Jeff
Address _____ Telephone _____

OFFICE USE ONLY

Was a well log filed yes _____ no _____ Date the well log was filed _____
Was a notice card filed yes no _____ Date the notice card was filed Fax 6/2/97

Notes: _____

