

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

desc
50953

JUN 23 1997

WELL ID # **L12800**

(START CARD) # **94181**

Pg 1 of 2

(1) OWNER: Well Number: **OB #2**
 Name **City of Bend**
 Address **P.O. Box 431**
 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

BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **751** ft.
 Explosives used Yes No Type _____ Amount _____

Diameter	HOLE		Material	SEAL		Amount
	From	To		From	To	
0"	0	48	Cement	0	189	13 Yds.
12"	48	634	Bentonite	189	506	417 Sacks
15"	634	665	Cement	510	552	2 yds.
12"	665	752				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 12"		+1	665	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10"		675	751	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Factory**
 Screens

From	To	Slot size	Number	Diameter	Telephone size	Material	
						Casing	Liner
580	685	3/16				<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
1200	1 ft.		24

Temperature of Water **51** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom **Coffee Labs**
 Did any strata contain water not suitable for intended use? Too little
 Rain Mixture Air Animal Other
 Depth of strata: **129-138**

(9) LOCATION OF WELL by legal description:
 County **Deschutes** Latitude _____ Longitude _____
 Township **17S** N or S. Range **11E** E or W. of WM.
 Section **34** SW $\frac{1}{4}$ SE $\frac{1}{4}$
 Tax Lot **6202R2** Lot _____ Block _____ Subdivision **Outback**
 Street Address of Well (or nearest address)
15900 Skyliner Rd., Bend, OR 97701

(10) STATIC WATER LEVEL:
481.5 ft. below land surface. Date **4/7/97**
 Artesian pressure **15** lb. per square inch. Date **12/11/96**

(11) WATER BEARING ZONES:
 Depth at which water was first found **527**

From	To	Estimated Flow Rate	SWL
129	138	30-40	129
527	538	250	492
632	665	1000	483
731	751	1000	481.5

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil & Broken Rock	0	8	
Cemented Red Cinders	8	23	
Loose Red Cinders	23	43	
Hard Gray Basalt	43	131	
Brown Conglomerate WB	131	137	129
Gray Basalt with Brown Ash	137	147	
Brown Sandstone & Cinder Cong.	147	168	
Brown Basalt & Ash	168	189	
Brown Basalt, Ash & Pumice	189	218	
Peach Sandstone & Pumice Cong.	218	263	
Medium Gray Basalt & Ash	263	271	
Medium Brown Sandstone & Basalt	271	278	
Gray Basalt & Ash	278	351	
Medium Brown Sandstone	351	393	
Hard Gray Basalt	393	417	
Peach Sandstone Cinder Cong.	417	421	
Hard Gray Basalt	421	447	
Red Cinders & Broken Basalt	447	451	
Red Cinders	451	483	
Hard Gray Basalt	483	527	
Brown Ash & Broken Basalt WB	527	538	491
Brown Basalt & Pumice Soft	538	622	
Gray Basalt Fractured	622	634	
Gray Basalt Pumice & Cinders WB	634	643	483

Continued on next page

Date started **11/18/96** Completed **4/7/97**

(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 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed **Robert Becker** WWC Number **1385** Date **6-12-97**
Western Water Development Corporation

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WELL ID # _____
 (START CARD) # **94181**
 Page 2

(1) OWNER: Well Number: _____

Name City of Bend

Address _____

City _____ State _____ Zip _____

(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 _____ ft.

Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	

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	Material			
					Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____

Screens Type _____ Material _____

Front	To	Slot size	Number	Diameter	Tele/pipe size	Casing		Liner	
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Imp Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of Water _____ 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 _____ Latitude _____ Longitude _____

Township 17S N or S. Range 11E E or W. of WM.

Section 34 1/4 _____ 1/4 _____

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Gray Basalt Broken	643	652	
Red & Gray Basalt Layers	652	686	
Hard Gray Basalt	686	731	
Red Cinders WB	731	744	481.5
Red & Gray Basalt	744	751	

Date started _____ Completed _____

(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 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1385

Signed _____ Date _____

Western Water Development Corporation