

Desc 50986

JUL 15 1997

STATE OF OREGON WATER SUPPLY WELL REPORT

(START CARD) # 77916

Page 1 of 2

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

(1) OWNER: Arion Water Co. Well Number _____ Name _____ Address 60813 Parrell Rd City Bend State OR Zip 97702

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [X] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 470 ft. Explosives used [] Yes [X] No Type _____ Amount _____

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds. Includes entries for 24, 17, 13 diameters and Cement material.

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

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes entries for 18 and 14 diameters.

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes entry for 390 to 470 ft.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailer [X] Air [] Flowing Artesian. Yield gal/min 700, Drawdown _____, Drill stem at _____, Time 1 hr.

Temperature of water 53 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 18S N or S Range 12E E or W. WM. Section 17 SW 1/4 SW 1/4 Tax Lot 2214 Lot _____ Block _____ Subdivision _____ Street Address of Well (or nearest address) Same as mailing

(10) STATIC WATER LEVEL: 387 ft. below land surface. Date 6/12/95 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES: Depth at which water was first found 387

Table with columns: From, To, Estimated Flow Rate, SWL. Includes entry for 387 to 506 ft.

(12) WELL LOG: Ground Elevation _____

WELL LOG table with columns: Material, From, To, SWL. Includes entries like sandy dirt brown, lava gray brkn, etc.

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 the best of my knowledge and belief. Signed _____ WWC Number _____ 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 _____ WWC Number 1523 Date 7/14/97

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

desc 50986 JUL 15 1997

WATER RESOURCES DEPT.

(START CARD) # 77916

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

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(1) OWNER:

Well Number _____
Name Avion Water Co.
Address 60813 Farrell Rd
City Bend State OR Zip 97702

(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			Sacks or pounds
Diameter	From	To	Material	From	To	

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"/>
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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

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 Deschutes Latitude _____ Longitude _____
Township 18S N or S Range 12E E or W. WM.
Section 17 SW 1/4 SW 1/4
Tax Lot 2214 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as mailing

(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
lava gray hrd some brn	216	218	
lava gray hrd	218	230	
lava congl. gray	230	250	
lava gray hard	250	294	
lava gray porous	294	313	
lava red hard	313	330	
Basalt gray hard	330	340	
Basalt gray very hrd	340	356	
Basalt gray brn	356	363	
Basalt gray hard	363	373	
Basalt gray very brn	373	413	
Basalt gray hard	413	440	
lava reddish brn brn	440	480	
Basalt gray hard	480	488	
lava gray brn	488	490	
limbers red	490	499	
Basalt gray med	499	506	

Date started 6/6/95 Completed 6/23/95

(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.

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 1523
Signed _____ Date 7/14/97