

WATER SUPPLY WELL REPORT

DESC 51838

Received Date 8/23/1998

(as required by ORS 537.765)

Well ID # L 4582

Start Card # 115425

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

(1) OWNER Well Number _____ Name HAP TAYLOR Street PO BOX 83 City BEND State OR Zip 97702	(9) LOCATION OF HOLE By legal description County _____ Latitude _____ Longitude _____ Township 15.00 S Range 9.00 E Subdivision _____ Tax lot 300 Lot _____ Block _____ Section 3 SW 1/4 NW 1/4 Street Address of Well (or nearest address) 5 MILES E SISTERS HWY, MCKENZIE MAP with location indentified must be attached																						
(2) TYPE OF WORK ☐ New ☒ Alter (Recondition) ☒ Alter (Repair) ☐ Deepening ☐ Abandonment	(10) STATIC WATER LEVEL 425.0 Ft. below land surface. Date 8/15/1998 Artesian Pressure lb/sq. in. Date																						
(3) DRILL METHOD ☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger Other _____	(11) WATER BEARING ZONES Depth at which water was first found _____ ft.																						
(4) PROPOSED USE ☐ Domestic ☐ Community ☒ Industrial ☐ Irrigation ☐ Injection ☐ Livestock ☐ Thermal Other _____	(12) WELL LOG Ground Elevation _____ ft. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Material</th> <th>From</th> <th>To</th> <th>SWL</th> </tr> </thead> <tbody> <tr> <td>REAM 8" TO 10"</td> <td>400</td> <td>595</td> <td>425</td> </tr> <tr> <td>8" CASING STOPPED</td> <td>400</td> <td>595</td> <td></td> </tr> <tr> <td>REFER TO PREVIOUS</td> <td>400</td> <td>595</td> <td></td> </tr> <tr> <td>#51803</td> <td>400</td> <td>595</td> <td></td> </tr> </tbody> </table>	Material	From	To	SWL	REAM 8" TO 10"	400	595	425	8" CASING STOPPED	400	595		REFER TO PREVIOUS	400	595		#51803	400	595			
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(5) BORE HOLE CONSTRUCTION Special Standards ☐ Depth of completed well 595 ft. Explosives Used ☐ Amount _____ Type _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>10.00</td> <td>400.00</td> <td>595</td> </tr> </tbody> </table> How as seal placed: Method _____ Other DID NOT DISTURB Backfill placed from _____ ft. TO _____ ft. Material _____ Filter pack from _____ ft. TO _____ ft. Size _____ in.	Diameter	From	To	10.00	400.00	595	(6) CASING/LINER <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Diameter</th> <th>From</th> <th>To</th> <th>Gauge</th> <th>Material</th> <th>Welded</th> <th>Glued</th> <th>Threaded</th> </tr> </thead> <tbody> <tr> <td>8.00</td> <td>-8.00</td> <td>513.00</td> <td>.250</td> <td>S</td> <td>☒</td> <td>☐</td> <td>☐</td> </tr> </tbody> </table>	Diameter	From	To	Gauge	Material	Welded	Glued	Threaded	8.00	-8.00	513.00	.250	S	☒	☐	☐
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(7) PERFORATION/SCREENS ☐ Perforations Method _____ ☐ Screens Type _____ Material _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>From</th> <th>To</th> <th>Slot Size Width</th> <th>Slot Size Height</th> <th>Number</th> <th>Diameter</th> <th>Size</th> <th>Casing or Liner</th> <th>Method</th> <th>Material</th> </tr> </thead> <tbody> <tr> <td>313</td> <td>513</td> <td>0.125</td> <td>3.000</td> <td>3040</td> <td>8.00</td> <td></td> <td>L</td> <td>MACHINE</td> <td>S</td> </tr> </tbody> </table>	From	To	Slot Size Width	Slot Size Height	Number	Diameter	Size	Casing or Liner	Method	Material	313	513	0.125	3.000	3040	8.00		L	MACHINE	S	Date started 8/12/1998 Completed 8/14/1998 (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 the best knowledge and belief. WWC Number _____ Signed By _____ (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 758 Signed By THOMAS R PECK D-3 WELL DRILLING		
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(8) WELL TESTS (Minimum testing time is 1 hour) <table style="width:100%;"> <tr> <th>Type of Test</th> <th>Yield</th> <th>Units</th> <th>Drawdown</th> <th>Stem at</th> <th>Duration</th> </tr> <tr> <td>Air</td> <td>100.0</td> <td>G</td> <td></td> <td>595</td> <td>2.0</td> </tr> </table> Temperature of water 54 °F/C Depth artesian flow found _____ ft. Was water analysis done? ☐ By Whom? Did any strata contain water not suitable for intended use? ☐ Too Little ☐ Salty ☐ Muddy ☐ Odor ☐ Colored Other _____ Depth of strata _____ ft.	Type of Test	Yield	Units	Drawdown	Stem at	Duration	Air	100.0	G		595	2.0	(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 the best knowledge and belief. WWC Number _____ Signed By _____ (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 758 Signed By THOMAS R PECK D-3 WELL DRILLING										
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