

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.785)

DESC
 52354

RECEIVED

WELL ID # **31676**

MAY 13 1999

(START CARD) # **118598**

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

(1) OWNER:

Well Number: **31676**

Name **Eric Hoffman**
 Address **64000 Johnson Mkt. Rd.**
 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

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well **415** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	50	Bentonite	0	50	30 sacks
8	50	415				
		415				

How was seal placed: Method A B C D E

Other **poured**

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:	8	+1	50	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	-15	415	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations

Screens

Method _____

Type _____

Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
395	415	1/8	228			<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
25+		415	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: _____

LOCATION OF WELL by legal description:

County **Deschutes** Latitude _____ Longitude _____
 Township **17S** N or S. Range **12E** E or W. of WM. _____
 Section **6C** **NE** 1/4 **SE** 1/4
 Tax lot **300** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **64000 Johnson Mkt. Rd.**
Bend, OR 97701

(10) STATIC WATER LEVEL:

337 ft. below land surface. Date **5/5/99**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **380**

From	To	Estimated Flow Rate	SWL
380	390		337
390	415		337

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
sandy soil	0	3	
gravel	3	43	
gray basalt	43	50	
pumus conglomerate	50	170	
brown sandstone conglomerate	170	192	
gray basalt	192	380	337
fractured gray basalt	380	390	
multi-colored cinders, w/b	390	415	

Date started **4/30/99**

Completed **5/5/99**

(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.

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 *Douglas R. Dunagan* WWC Number **1575**
 Date **5/6/99**