

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL ID # L 38145

(START CARD) # 126677

DESC
52841

(1) OWNER:

Well Number: 1

Name James & Ann GossAddress 63307 Silverado DriveCity 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 434 ft.Explosives used ☐ Yes ☒ No Type _____ Amount _____

| HOLE | | | SEAL | | | Amount | |
|----------|------|-----|-----------|------|----|-----------------|--|
| Diameter | From | To | Material | From | To | sacks or pounds | |
| 12 | 0 | 37 | Bentonite | 0 | 37 | 32 Sacks | |
| 8 | 37 | 434 | | | | | |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other Poured Dry

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 | 37 | .250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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: | 6 | -5 | 434 | .188 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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:

☒ PerforationsMethod factory☐ Screens

Type _____

Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 394 | 434 | 3/16 | 480 | 6 | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

☐ Pump☐ Bailor☒ Air

WATER RESOURCES DEPT.

SALEM, OREGON

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 40+ | 12' | 405 | 1 hr. |

Temperature of Water 54 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 17S N or S. Range 11E E or W. of WM.
Section 14 SW 1/4 SW 1/4
Tax lot 304 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 63307 Silverado Dr.,
Saddleback Estates, Bend, OR

(10) STATIC WATER LEVEL:

290 ft. below land surface.Date 12/16/99

Artesian pressure _____ lb. per square inch.

Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 290

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 290 | 294 | 10 | 290 |
| 390 | 434 | 50+ | 290 |

(12) WELL LOG:

Ground elevation _____

| Material | From | To | SWL |
|---------------------------------|------|-----|-----|
| Brown Sandy Loam | 0 | 7 | |
| Tan Pumice | 7 | 19 | |
| Black Cinder Rock | 19 | 26 | |
| Brown Sandy Ash | 26 | 30 | |
| Black Lava | 30 | 56 | |
| Red Ash | 56 | 71 | |
| Brown Basalt | 71 | 88 | |
| Black Cinders & Ash | 88 | 96 | |
| Hard Gray Basalt | 96 | 119 | |
| Brown Basalt | 119 | 183 | |
| Broken Gray Basalt | 183 | 189 | |
| Broken Brown Basalt & Cinders | 189 | 264 | |
| Brown Lava & Ash | 264 | 290 | |
| Red Cinders WB | 290 | 294 | 290 |
| Gray Basalt | 294 | 390 | 290 |
| Red Cinders WB | 390 | 404 | 290 |
| Broken Gray Basalt & Cinders WB | 404 | 434 | 290 |

Date started 12/14/99Completed 12/16/99

(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 Robert BucknerWWC Number 1385Date 2/11/00