

WATER SUPPLY WELL REPORT

DESC 52881

Received Date **03/14/2000**

(as required by ORS 537.765)

Well ID Tag # L **40122**

Start Card # **125179**

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

(1) OWNER

Well Number _____

Name **AVION WATER CO. INC.**

Street **60813 DARRELL RD**

City **BEND** State **OR** Zip **977022507**

(9) LOCATION OF HOLE By legal description

County _____ Latitude _____ Longitude _____

Township **18.00 S** Range **12.00 E** Subdivision _____

Tax lot **900** Lot _____ Block _____

Section **29 SE 1/4 NE 1/4**

Street Address of Well (or nearest address)
60395 CHINA HAT RD
 MAP with location indentified must be attached

(2) TYPE OF WORK

New Alter (Recondition) Alter (Repair)

Deepening Abandonment

(10) STATIC WATER LEVEL

501.0 Ft. below land surface. Date **02/28/2000**

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 **501** ft.

From	To	Est. Flow Rate	SWL
508	618	500	501

(4) PROPOSED USE

Domestic Community Industrial Irrigation Injection

Livestock Thermal Other _____

(5) BORE HOLE CONSTRUCTION

Special Standards Depth of completed well **624** ft.

Explosives Used Amount _____ Type _____

Diameter	From	To	Material	Begin Depth	End Depth	Material Amount	Units
20.00	0.00	624	Cement	0.00	30.00	44.00	S
			Cement	497.0	507.00	12.00	S

How as seal placed: Method C Other _____

Backfill placed from **30** ft. TO **497** ft. Material **SA**

Filter pack from _____ ft. TO _____ ft. Size _____ in.

(12) WELL LOG

Material	Ground Elevation		SWL
	From	To	
SANDY LOAM	0	6	
LAVA GRAY BROKEN	6	12	
LAVA GRAY POROUS	12	30	
LAVA GRAY FRAC MED	30	50	
LAVA GRAY RED BROKEN	50	55	
LAVA GRAC MED	55	165	
BASALT GRAY FARC	165	202	
LAVA RED FINE	202	223	
BASALT GRAY	223	270	
CINDERS FINE BROWN	270	272	
BASALT GRAY	272	287	
ANDESITE GRAY HARD	293	367	
LAVA GRAY RED	367	388	
ANDESITE GRAY HARD	388	400	
CAVESNOUS LOST SICULAIIION	400	405	
SOFT NO SICULATION	405	425	
LAVA BLACK MED	425	430	
LAVA VARIOUS	425	624	501

(6) CASING/LINER

Casing or Liner	Diameter	Begin Depth	End Depth	Gauge	Material	Construction		Location Of Shoe
						Weld	Threaded	
C	14.00	1.00	624.00	.375	S	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

(7) PERFORATION/SCREENS

Perforation: Method _____

Screens Type _____ Material _____

Diameter	From	To	Gauge	Material	Type	Slot Size
14.00	519	624		S	C	.010

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

Type	Yield	Units	Drawdown	Stem at	Duration
Air	500.0	G		550	1.0

Temperature of water **43** °F/C Depth artesian flow found _____ ft.

Was water analysis done?

By Whom? **AVION WATER DISTRICT**

Did any strata contain water not suitable for intended use? Too Little Salty

Muddy Odor Colored Other _____

Depth of strata _____ ft.

Date started **02/15/2000** Completed **03/03/2000**

(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.

Signed By **TERRY M MCCOY JR**

(bonded) Water Well Constructor Certification: WWC Number **1672**

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 **1464**

Signed By **GREG MCINNIS** **GEO-TECH EXPLORATIONS**