

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

DESC 53735

L43058

(START CARD) # 136871

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

(1) OWNER: Well Number: **Outback #3**

Name **City of Bend**
 Address **P.O. Box 432**
 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 **850** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20in	0	667	Cement grout	532	567	44 sacks
15in	667	795	Cement Grout	0	168	176 sacks
11.5	795	850				

How was seal placed: Method A B C D E
 Other

Backfill placed from **532** ft. to **168** ft. Material **Bentonite**
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16in	+2	667	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12in	-652	795	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10in	-785	850	.365	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Factory Saw**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
567	667	3/16	4800	16in	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
655	795	3/16	6720	12in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
785	850	3/16	2600	10in	pipe	<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
1400	4.25	558	24 hr

Temperature of Water **52** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom **Coffey**
 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 **34** SW 1/4 SE 1/4
 Tax lot **6202R2** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **15900 Skyliner Rd., Bend, OR**

(10) STATIC WATER LEVEL:

477 ft. below land surface. Date **3/15/01**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **488**

From	To	Estimated Flow Rate	SWL
488	550	800	477
570	690	2000+	477
709	850	5000+	477

(12) WELL LOG:

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Material	From	To	SWL
Brown Powder Top Soil	0	1	1
Broken Brown Rubble	1	7	7
Red Cinder Conglomerate	7	19	19
Broken Gray Basalt & Large Cinders	19	22	22
Smooth Hard Gray Basalt	22	55	55
Red Cinders (Rough Drilling) Lost Circulation	55	70	70
Brown Ash Tuft	70	105	105
Red Cinders (Caving)	105	113	113
Brown Conlomerate & Boulders	113	170	170
Loose Cinders & Brown Ash Caving	170	202	202
Pumice & Red & Black Cinders	202	237	237
Pink Pumice & Gray Basalt	237	252	252
Gray Sandstone	252	312	312
Softer Brown Sandstone of tufted ash	312	348	348
Dark Gray cemented gravels	348	381	381
Black Silty Tufted Ash	381	392	392
Red Cinder ash with Black & Gray Broken Basalt	392	405	405
Gray & Brown Lava	405	428	428

Continued on next page

Date started **10/3/00** Completed **3/15/01**

(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 Buckner** WWC Number **1385**
 Date **3/20/01**

Robert Buckner

WATER SUPPLY WELL REPORT

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Page 2

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Other

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Thermal Injection Livestock Other

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Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	

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:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
					<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

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"/>
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Pump Bailer Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Temperature of Water _____ Depth Artesian Flow found _____

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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 _____

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Section **34** SW 1/4 **SE** 1/4

Tax lot **6202R2** Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) **15900 Skyliner Rd., Bend, OR**

(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:

Material	From	To	SWL
Red & Black Cinders Lost	428		
Circulation			445
Dark Gray Basalt some broken	445	450	
Dark Gray Basalt	450	469	
Red & Black Cinders Lost	469		
Circulation			471
Tan Pumice	471	488	
Broken Gray Basalt Water Bearing	488	502	477
Red & Black Cinders WB and caving	502		
poured 18 yards of cement grout			
in this zone.		524	477
Tan Sandstone	524	530	477
Red & Black Conglomerate	530	550	477
Brown & Gray Conglomerate	550	570	477
Tan Sandstone some basalt & cinders WB	570		
		600	477
Brown & Red Conglomerate WB	600	620	477
Red & Brown Cinders WB	620	636	477
Hard Gray Basalt	636	651	477
Red & Black Cinders some gray basalt WB	651		
		660	477
Hard Fractured Gray Basalt WB	660	671	477
Red & Gray Basalt WB	671	689	477
Hard Gray Basalt	689	709	477

Continued on next page

Date started **10/3/00** Completed **3/15/01**

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MAR 28 2001

Signed _____ WWC Number _____
Date _____

WATER RESOURCES DEPT.
SALEM, OREGON

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Signed _____ WWC Number **1385**
Date **3/20/01**

Robert Buckner

