

DESC 54080

WELL I.D. # L 49461
START CARD # 139924

STATE OF OREGON

SEP 04 2001

WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

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

(1) LAND OWNER: Well Number _____
Name Pat Hodges
Address 6359500, B. Riley Rd.
City Bend State Ore. 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 965 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
14	0	27	Bentonite	0	27	33 SACKS
10	27	930				
8	930	965				

How was seal placed: Method A B C D E
 Other Poured in 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: 10	+2	27	230	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 8	+2	920	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Machined
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
860	920	1/4	684	8		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 75 Drawdown 0 Drill stem at N/A Time 4 hr.

Temperature of water 55 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 Desch Latitude _____ Longitude _____
Township 16 N or S Range 12 E or W. WM.
Section 22B NW 1/4 NW 1/4
Tax Lot 3300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Journey Rd.
Bend, Ore.

(10) STATIC WATER LEVEL:
810 ft. below land surface. Date 8-28-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 810

From	To	Estimated Flow Rate	SWL
<u>810</u>	<u>965</u>	<u>To be pump tested</u>	<u>810</u>

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(12) WELL LOG: WATER RESOURCES DEPT.
SALEM, OREGON
Ground Elevation _____

Material	From	To	SWL
Brocken Lava	462	469	
Basalt	469	482	
Congl.	482	525	
Basalt	525	572	
Brown Congl.	572	593	
Basalt	593	626	
Brown Congl.	626	705	
Basalt	705	746	
Brocken Lava	746	749	
Basalt	749	761	
Brown Congl.	761	810	
W.B. Brocken Sandstone	810	894	810
W.B. Brocken Lava	894	945	
W.B. Red Cinders	945	965	

Date started 8-20-01 Completed 8-28-01

(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 the best of my knowledge and belief.
Signed [Signature] WWC Number 1276 Date 8-28-01

(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 [Signature] WWC Number 1255 Date 8-28-01