

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 48239
START CARD # 142419

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

(1) LAND OWNER Jim Bendis Well Number _____
Name Jim Bendis
Address 1470 N.E. 1st. #800
City Bend, OR State 97701 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 105 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
12	0	18 1/2 Bentonite	0	18 1/2	11 SACKS
8	18 1/2	105			

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: 8	15	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6	-7	105	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 6" at 105

(7) PERFORATIONS/SCREENS:

Perforations Method Machined
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
85	105	5/8 x 4	228	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
15	0	100	1 hr

Pump Bailer Air Flowing Artesian

Temperature of water 42 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 18 N or S Range 08 E or W. W.M.
Section 29 NE 1/4 SW 1/4
Tax Lot 60000/00 Block _____ Subdivision _____
Street Address of Well (or nearest address) 60000 Centry Dr. Bend, OR

(10) STATIC WATER LEVEL:
80 ft. below land surface. Date 10-12-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 81

From	To	Estimated Flow Rate	SWL
81	105	15	80

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top Soil	0	3	
Hard Gray Lava	3	42	
Brown Concl.	42	49	
Hard Gray Lava	49	81	80
W.B. Gravel	81	105	

RECEIVED

OCT 19 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-11-01 Completed 10-12-01

(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 10-12-01

(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 Doug Helm WWC Number 1253
Date 10-12-01