

STATE OF OREGON  
**WATER SUPPLY WELL REPORT**  
 (as required by ORS 537.765)

NOV 15 2001 DESC 54251

WELL ID # L52414

(START CARD) # 136883

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

**(1) OWNER:**

Name **City of Bend**  
 Address **P.O. Box 431**  
 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 **1100** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20in	0	780	Cement	745	780	66 sacks
15in	780	975	Cement	0	195	220 sacks
12in	975	1100				

How was seal placed: Method  A  B  C  D  E

Other  
 Backfill placed from **195** ft. to **745** 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	+1.5	780	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	10in	765	1100	.250	<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
768	1100	3/16	13280			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1400	9.5	720	24 hr.

Temperature of Water **50** Depth Artesian Flow found \_\_\_\_\_

Was a water analysis done?  Yes By whom **City of Bend**

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 **12E** E or W. of W.M.  
 Section **33** **SE** 1/4 **SE** 1/4  
 Tax lot **100** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **1375 Forbes Rd., Bend,**  
**OR 97701**

**(10) STATIC WATER LEVEL:**

**652** ft. below land surface. Date **10/30/01**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found **650**

From	To	Estimated Flow Rate	SWL
650	771	800-900	621
795	845	1000	652
950	977	1000	652
1055	1100	5000	652

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Brown Top Soil & Broken Rock	0	7	
Brown & Gray Basalt	7	110	
Soft Sandstone	110	112	
Broken Lava	112	140	
Tan Sandstone	140	162	
Hard Gray Basalt	162	175	
Brown Pumice	175	200	
Hard Gray Basalt	200	227	
Red Cinders	227	233	
Brown Pumice & Sandstone	233	247	
Hard Gray Basalt	247	287	
Brown & Gray Broken Basalt	287	291	
Hard Gray Basalt & Brown Sandstone	291	360	
Brown Sandstone Conglomerate	360	393	
Hard Gray Basalt	393	475	
Red Cinders	475	499	
Brown & Gray Basalt some broken	499	563	
Tan & Brown Sandstone Conglomerate	563	594	
Hard Gray & Brown Basalt	594	650	
Brown Sandstone WB	650	771	621
Hard Gray Basalt	771	795	621
Red Cinders WB	795	818	652

Continued on next page

Date started **2/6/01** Completed **10/30/01**

**(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.

WWC Number \_\_\_\_\_  
 Signed \_\_\_\_\_ 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.

WWC Number **1385**  
 Signed **Robert Buckner** Date **11/7/01**  
**Robert Buckner**

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

**(1) OWNER:** Well Number: **Bear Crk#2**  
 Name **City of Bend**  
 Address **P.O. Box 431**  
 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 \_\_\_\_\_ ft.  
 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:**

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

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

**(8) WELL TESTS: Minimum testing time is 1 hour**  
 Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time

Temperature of Water \_\_\_\_\_ 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 **12E** E or W. of WM. \_\_\_\_\_  
 Section **33** **SE** 1/4 **SE** 1/4  
 Tax lot **100** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) **1375 Forbes Rd., Bend,**  
**OR 97701**

**(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:** Ground elevation \_\_\_\_\_

Material	From	To	SWL
Hard Gray & Brown Basalt	818	830	652
Sand & Gravel & Cinders WB	830	845	652
Brown Broken Basalt	845	950	652
Brown & Gray Basalt with Red Cinders WB	950	977	652
Hard Gray Basalt Broken WB	977	1055	652
Red Cinders & Black Basalt	1055	1072	652
Sandstone WB	1072	1089	652
Broken Gray Basalt WB	1089	1100	652
Basalt, Sand & Gravel, Cinders WB	1100		

NOV 15 2001  
 WATER RESOURCES DEPARTMENT  
 BUREAU OF WELL LOGGING

**WESTERN WATER DEVELOPMENT**  
**P.O. Box 1670**  
**Redmond, OR 97756**

Date started **2/6/01** Completed **10/30/01**

**(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 **11/7/01**

## Pump Test Information

Bear Creek #2

Date: 10/29/01

TIME	DEPTH (FT)	FLOW (GPM)	COMMENTS
9:30 AM	652	0	Bear Creek Well #1, has been running for the past 3 days.
10:00 AM	652	0	
10:30 AM	652	0	

### DRAWDOWN DATA

10:30 AM	652	1400	Lineshaft turbine test pump set @720ft, water level indicator is electric line inside of 1" pvc. Flow is registered through a 6" McCrometer registering in gallons per minute and totalizing in cubic feet.
10:30:30	660	1400	
10:31:00	660	1450	
10:31:30	660	1450	
10:32:00	660.5	1425	
10:32:30	660.5	1400+	
10:33:00	660.5	1400+	
10:33:30	660.5	1400+	
10:34:00	661	1400+	
10:34:30	661	1400+	
10:35:00	661	1400+	
10:35:30	661	1400+	
10:36:00	661	1400+	
10:36:30	661	1400+	
10:37:00	661	1400+	
10:37:30	661	1400+	
10:38:00	661	1400+	
10:38:30	661	1400+	
10:39:00	661	1400+	
10:39:30	661	1400+	
10:40:00	661	1400+	
10:40:30	661	1400+	
10:41:00	661	1400+	
10:41:30	661	1400+	
10:42:00	661	1400+	
10:42:30	661	1400+	
10:43:00	661	1400+	
10:43:30	661	1400+	
10:44:00	661	1400+	
10:44:30	661	1400+	
10:45:00	661	1400+	
11:00:00	661.5	1400+	
11:15:00	661.5	1400+	
11:30:00	661.5	1400+	
11:45:00	661.5	1400+	
12:00:00	661.5	1400+	
12:15:00	661.5	1400+	
12:30:00	661.5	1400+	
12:45:00	661.5	1400+	
1:00:00	661.5	1400+	

RECEIVED

NOV 15 2001

SALEM, OREGON

1:15:00	661.5	1400+	RECEIVED
1:30:00	661.5	1400+	
1:45:00	661.5	1400+	NOV 15 2001
2:00:00	661.5	1400+	
2:15:00	661.5	1400+	WATCH R. S. ... SALEM, OREGON
2:03:00	661.5	1400+	
2:45:00	661.5	1400+	
3:00:00	661.5	1400+	
3:15:00	661.5	1400+	
3:45:00	661.5	1400+	
4:00:00	661.5	1400+	
4:15:00	661.5	1400+	
4:30:00	661.5	1400+	
5:30:00	661.5	1400+	
6:30:00	661.5	1400+	
7:30:00	661.5	1400+	
8:30:00	661.5	1400+	
9:30:00	661.5	1400+	
10:30:00	661.5	1400+	
11:30:00	661.5	1400+	
12:30:00	661.5	1400+	
1:30:00	661.5	1400+	
2:30:00	661.5	1400+	
3:30:00	661.5	1400+	
4:30:00	661.5	1400+	
5:30:00	661.5	1400+	
6:30:00	661.5	1400+	
7:30:00	661.5	1400+	
8:30:00	661.5	1400+	
9:30:00	661.5	1400+	
10:30:00	661.5	1400+	

## RECOVERY DATA

10:30:00	653	0
10:31:00	653	0
10:32:00	652	0
10:33:00	652	0
10:34:00	652	0
10:35:00	652	0