

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

DESC 54252
 NOV 15 2001

WELL ID # **L52412**
 (START CARD) # **136877**

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

(1) OWNER: Well Number: **Outback#4**
 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 **850** ft.
 Explosives used Yes No Type _____ Amount _____

Diameter		From		To		Material	From		To		Amount
HOLE		SEAL		SEAL		Amount		sacks or pounds			
20in	0	672	Cement	534	570	66 sacks					
15in	672	790	Cement	0	205	220 sacks					
12in	790	850									

How was seal placed: Method A B C D E
 Other
 Backfill placed from **205** ft to **534** 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	672	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12in	658	798	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10in	788	848	.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
572	672	3/16	4800	16in	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
658	798	3/16	6720	12in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
788	848	3/16	2600	10in	pipe	<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	2.5	520	24 hr.

Temperature of Water **51** 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 **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 97701**

(10) STATIC WATER LEVEL:
478 ft. below land surface. Date **5/2/01**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **519**

From	To	Estimated Flow Rate	SWL
519	612	800-900	478
612	768	2000+	478
774	850	5000+	478

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown Powder Soil	0	3	
Broken Brown Rubble	3	17	
Red Cinders & Broken Basalt	17	19	
Smooth Hard Gray Basalt	19	125	
Brown Tufted Ash	125	172	
Pumice & Tan Sandstone	172	285	
Gray Sandstone	285	306	
Brown Sandstone or Tufted Ash	306	358	
Cemented Gravels	358	431	
Red Cinders & Broken Basalt	431	438	
Hard Gray Basalt some broken	438	449	
Hard Gray Basalt	449	468	
Tan Pumice	468	479	
Hard Gray Basalt	479	519	
Red Cinders & Broken Basalt WB	519	538	478
Brown Conglomerate WB	538	581	478
Tan & Gray Sandstone WB	581	612	478
Loose Cinders WB	612	639	478
Hard Gray Basalt	639	646	478
Red & Black Cinders & Slab Lava WB	646		
Hard Gray Basalt	659	735	478
Red Cinders WB	735	768	478

Continued on next page

Date started **12/5/01** Completed **5/2/01**

(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**

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City **Bend**
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State **OR** Zip **97701**

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Explosives used Yes No Type _____ Amount _____ ft.

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

How was seal placed: Method A B C D E
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Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

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Casing:	Diameter	From	To	Gauge	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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Screens

Method _____ Type _____

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 Bailor Air Flowing Artesian

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Depth of strata: _____

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_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

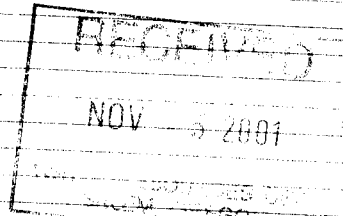
(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
Hard Gray Basalt	768	774	478
Red Broken Basalt WB	774	781	478
Hard Gray Basalt	781	836	478
Red & Black Cinders & Broken Basalt WB	836	850	478



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

Date started **12/5/01**

Completed **5/2/01**

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