

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 55151
START CARD # 152763

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

(1) LAND OWNER Well Number _____
Name CASCADE CHRISTIAN CENTER
Address PO BOX 5863
City BEND State OR Zip 97708

(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 190 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>12</u>	<u>0</u>	<u>18 1/2</u>	<u>BE</u>	<u>0</u>	<u>18 1/2</u>	<u>12 SACKS</u>
<u>8</u>	<u>18 1/2</u>	<u>190</u>				

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: <u>8</u>	<u>+1 1/2</u>	<u>18 1/2</u>	<u>.250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>6</u>	<u>-10</u>	<u>190</u>	<u>.189</u>	<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
<u>170</u>	<u>190</u>	<u>1/8x4</u>	<u>256</u>	<u>6</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>20+</u>	<u>0</u>	<u>185</u>	<u>1 hr</u>

Flowing Artesian
 Pump Bailer Air

Temperature of water 52° 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 DESC Latitude _____ Longitude _____
Township 17 N of S Range 12 W of W. WM.
Section 8D SW 1/4 SE 1/4
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 63645 SCENIC DR.

(10) STATIC WATER LEVEL:
148 ft. below land surface. Date 1-15-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 151

From	To	Estimated Flow Rate	SWL
<u>151</u>	<u>190</u>	<u>20+</u>	<u>148</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>FILL DIRT/BULDERS</u>	<u>0</u>	<u>9</u>	
<u>HARD GREY LAVA</u>	<u>9</u>	<u>57</u>	
<u>BROKEN LAVA</u>	<u>57</u>	<u>96</u>	
<u>HARD GREY LAVA</u>	<u>96</u>	<u>109</u>	
<u>MILD BROWN LAVA</u>	<u>109</u>	<u>128</u>	
<u>RED CONGLOM</u>	<u>128</u>	<u>136</u>	
<u>BROWN CONGLOM</u>	<u>136</u>	<u>151</u>	<u>148</u>
<u>W.B. GRAVEL</u>	<u>151</u>	<u>190</u>	

Date started 1-14-03 Completed 1-15-03

(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 _____ WWC Number 1276
Date 1-15-03

(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 Akem WWC Number 1255
Date 1-15-03