

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

DESC 55365

WELL ID # **L52412**

(START CARD) # **150755**

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 **845** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks	pounds
			Not Disturbed				

How was seal placed: Method A B C D E
 Other **Not Disturbed**
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:

		Method		Material			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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 **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 Ave., Bend, OR 97701**

(10) STATIC WATER LEVEL:
482 ft. below land surface. Date **5/31/03**
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
Well Video prior to pump installation showed approx. 1/3 of perforations were plugged and Iron Bacteria was growing. We used a wire brush and injected approx. 250 ppm chlorine to fix problem. Chlorine was mixed in a tanker and injected with water injection pump along with 900 cfm of air to achieve thorough dispersion in the perforated zone. Simultaneous brushing was used to remove scale and assist in unplugging of perforations.			

RECEIVED

WESTERN WATER DEVELOPMENT JUN - 4 2003
P.O. Box 1670
Redmond, OR 97756 WATER RESOURCES DEPT.
SALEM, OREGON

Date started **5/31/03** Completed **5/31/03**

(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 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 **6/2/03**