

Amendment

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

(WELL I.D.)# L 67857 (amended DESC 56449) (START CARD) # 164709

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

(1) OWNER: Well Number Outback #6 Name City of Bend Address P.O. Box 431 City Bend State Or Zip 97701

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD: [X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [X] Other Reverse Circulation, Dual Rotary

(4) PROPOSED USE: [ ] Domestic [X] Community [ ] Industrial [ ] Irrigation [ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 864 ft. Explosives used [ ] Yes [X] No Type Amount

Table with columns for HOLE Diameter, From, To, Material, and SEAL From, To, Sacks or pounds. Row 1: 20" 0 502' Cement 460' 480' 5 yards. Row 2: 16" 502' 864' 0 160' 11 yards.

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E [ ] Other Backfill placed from 160 ft. to 460 ft. Material sand grout Gravel placed from 480 ft. to 502 ft. Size of gravel 1/4

(6) CASING/LINER: Table with columns for Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 16" +1 675' .375 [X] [ ] [X] [ ]. Liner: 12" 662.1' 864' [X] [ ] [X] [ ].

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [X] Perforations Method Factory [ ] Screens Type Material From 664' To 864' Slot size 3/16x3 Number 9,120 Diameter 12" Casing [ ] Liner [X]

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

Table for well tests with columns: Pump [X], Bailer [ ], Air [ ], Flowing Artesian [ ], Yield gal/min 1,450, Drawdown 1', Drill stem at, Time 24 hr.

Temperature of water 53 F Depth Artesian Flow Found Was a water analysis done? [X] 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 17 S Range 11 E 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: 480 ft. below land surface. Date 11/02/04 Artesian pressure ' lb. per square inch. Date

(11) WATER BEARING ZONES: Depth at which water was first found 115'

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 115 125 30 115. Row 2: 516 582 200 gpm 480. Row 3: 638 864 Rev.Circ- unmeasurable 480.

(12) WELL LOG: Ground Elevation

Table for well log with columns: Material, From, To, SWL. Contains 'RECEIVED FEB 24 2005 WATER RESOURCES DEPT SALEM, OREGON' and '\*\*\* SEE ATTACHED LOG\*\*\*'

Date started 06/14/04 Completed 11/24/04

(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 1702 Date 02-21-05

(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 [Signature] WWC Number 1523 Date 02-21-05

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

(WELL I.D.) # **L 67857**  
(START CARD) # **164709**

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

(1) OWNER: Well Number **Outback #6**  
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 **Reverse Circulation, Dual Rotary**

(4) PROPOSED USE:  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other

(5) BORE HOLE CONSTRUCTION:  
Special Construction approval  Yes  No Depth of Completed Well **864** ft  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20"	0	502'	Cement	460'	480'	5 yards
				0	160'	11 yards
16"	502'	864'				

How was seal placed Method  A  B  C  D  E  
 Other \_\_\_\_\_  
Backfill placed from **160** ft to **460** ft Material **sand grout**  
Gravel placed from **480** ft to **502** ft Size of gravel **1/4**

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing 16"	+1	675'	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner 12"	662.1'	864'		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of sheets)

(7) PERFORATIONS/SCREENS:

Perforations Method **Factory**  
 Screens

From	To	Slot size	Number	Diameter	Material	Casing	Liner
664'	864'	3/16x3	9,120	12"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailor  Air  Flowing  
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1,450	1'		1 hr 24 hr

Temperature of water **53 F** 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 **17** S Range **11** E 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:  
**480** ft. below land surface. Date **11/02/04**  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found **115'**

From	To	Estimated Flow Rate	SWL
115	125	30	115
516	582	200 gpm	480
638	864	Rev.Circ- unmeasurable	480

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
*** SEE ATTACHED LOG**			

**RECEIVED**  
**DEC 15 2004**  
**WATER RESOURCES DEPT**  
**SALEM, OREGON**

Date started **06/14/04** Completed **11/24/04**

(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 **21692** Date **11/16/04**

(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 [Signature] WWC Number **1523** Date **12-02-04**

