

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

DESC
 51660
 51660

RECEIVED

JUN 12 1987

18-12E-21ad

(1) OWNER:
 Name Avion Water Co.
 Address 60813 Parrell Rd.
 City Bend State Ore Zip 97701

Owner's Well Number _____
(9) LOCATION OF WELL by legal description:
 WATER RESOURCES DEPT. Des _____
 SALEM, OREGON County _____ Latitude _____ Longitude _____
 Township 18S N or S, Range 12E E or W, WM.
 Section 21 SE 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
60615 Tekampe Rd Bend, Oregon

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Other

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

BORE HOLE CONSTRUCTION:
 Depth of Completed Well 435 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks	or pounds
16"	0 27 1/2	cem	0 27 1/2	37	sacks
12"	27 1/2 435				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	12"	+2	27 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10"	27 1/2	435	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	10"	+1	435	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

PERFORATIONS/SCREENS:
 Perforations Method machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
370	435		1160	1/8 by 3		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 475 Pumping level 371 Drill stem at _____ Time 1 hr

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: _____

(10) STATIC WATER LEVEL:
375 ft. below land surface. Date 5/16/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
sandy soil	0	2		
brn congl fine	2	9		
gray vesicular basalt	9	14		
redish congl med	14	16		
gray basalt	16	24		
redish gray congl	24	29		
gray basalt	29	62		
no return hd brkn	62	73		
gray basalt	73	87		
redish brn congl	87	98		
gray basalt	98	150		
brn congl med	150	173		
gray basalt	173	195		
brn ss congl med	195	221		
gray basalt	221	234		
brn congl crse	234	243		
gray basalt	243	298		
brn congl very crse	298	307		
gray basalt	307	328		
brn basalt	328	340		
gray basalt	340	351		
red cindery rubble@cavin	351	363		
gray basalt fractured	363	381	WB	375
gray basalt fractured	381	386	WB	
gray basalt fractured rubble	386	389	WB	
gray brkn basalt	389	406	WB	
redish brn congl	406	409	WB	
brn congl	409	428	WB	
gray basalt	428	435		

Date started 4/20/87 Completed 5/16/87

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Just Miller Date 5/19/87

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed John Johnson Date 5/19/87
 Company Johnson Well Drilling Co. Job No. _____