

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(1) LAND OWNER: Douglas and Nancy Laude Well Number _____
 Name 21912 Keyte Ln.
 Address Bend City OR State 97701 Zip

(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 690 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
 Diameter From To Material From To Sacks or pounds
12" 0 18 Bent. 0 18 12 Sacks
8" 18 690 _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other pour and 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: 8" +2 20 250 ☒ ☐ ☒ ☐
 Liner: 6" -10 690 128 ☒ ☐ ☒ ☐
 Drive Shoe used ☐ Inside ☐ Outside ☐ None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Factory
☐ Screens Type 1/2 x 3 Material _____
 From To Slot Size Number Diameter Tele/pipe size Casing Liner
690 670 1/2 x 3 200 6 pipe ☐ ☒
 _____ _____ _____ _____ _____ _____ ☐ ☐
 _____ _____ _____ _____ _____ _____ ☐ ☐
 _____ _____ _____ _____ _____ _____ ☐ ☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
 Yield gal/min Drawdown Drill stem at Time
20 gpm 0 670' 1 hr.
 _____ _____ _____ _____
 _____ _____ _____ _____

Temperature of water 56° 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: _____

WELL I.D. # 49648
 START CARD # 142780

(9) LOCATION OF WELL by legal description:
 County Des. Latitude _____ Longitude _____
 Township 17 N or S Range 14 E or W. WM.
 Section 28 NW 1/4 SE 1/4
 Tax Lot 2901 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Bend, OR 97701
62605 Dadds Rd.

(10) STATIC WATER LEVEL:
646 ft. below land surface. Date 4/10/05
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 646

From	To	Estimated Flow Rate	SWL
<u>646</u>	<u>690</u>	<u>20 gpm</u>	<u>646</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>1</u>	
<u>Lava Grey</u>	<u>1</u>	<u>12</u>	
<u>Basalt, Grey</u>	<u>12</u>	<u>193</u>	
<u>Basalt, Brown</u>	<u>193</u>	<u>243</u>	
<u>Basalt, Broken</u>	<u>243</u>	<u>323</u>	
<u>Rock, IR</u>	<u>323</u>	<u>427</u>	
<u>Seamed Basalt</u>	<u>427</u>	<u>501</u>	
<u>W/ sand (Brown)</u>			
<u>Basalt Grey</u>	<u>501</u>	<u>595</u>	
<u>Basalt, Brown</u>	<u>595</u>	<u>646</u>	
<u>Basalt, Broken</u>	<u>646</u>	<u>690</u>	<u>646</u>

 RECEIVED
 JUN 13 2005
 13
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 3/18/05 Completed 4/10/05
 (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 M. N. Swick WWC Number #1371 Date 4/10/05

(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 M. N. Swick WWC Number #1371 Date 4/10/05