

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

WELL ID. # L 76707

START CARD # 173256

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

(1) LAND OWNER Well Number _____
 Name **Mimi Graves**
 Address **18467 Fryrear Rd**
 City **Bend** State **OR** Zip **97701**

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

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

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
 Depth of Completed Well **310** ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12	0	18.5	BE	0	18.5	10 Sacks
8	18.5	310				

How was seal placed: Method A B C D E
 Other **Poured 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	+1.5	18.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	5	310	.188	<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) **6" @ 310**

(7) PERFORATIONS/SCREENS
 Perforations Method **Machined**
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
285	305	1/8x4	256	6		<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
25+	0	300	1 Hour

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 (legal description)
 County **Desc**
 Tax Lot **700** Lot _____
 Township **15** S Range **11** E WM
 Section **34B** SW 1/4 NW 1/4
 Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address)
18467 Fryrear Ranch Rd

(10) STATIC WATER LEVEL
239 ft. below land surface. Date **6-8-05**
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found **271**

From	To	Estimated Flow Rate	SWL
271	310	25+	239

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Sandy Top Soil	0	6	
Brown Sandstone	6	92	
Hard Grey Lava	92	112	
Mild Brown Lava	112	130	
Hard Grey Lava	130	161	
Red Cinder Conglom	161	170	
Hard Grey Lava	170	210	
Red Cinder Conglom	210	236	
Hard Grey Lava	236	271	
Red Cinders	271	310	239

RECEIVED

JUN 20 2005

WATER RESOURCES DEPT
 SALEM, OREGON

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

WWC Number **1819** Date **6-8-05**
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

WWC Number **1822** Date **6-8-05**
 Signed _____