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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 76715

START CARD # 173268

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

(1) LAND OWNER Well Number _____
Name Ray Clarno
Address 61100 Obermalte 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 810 ft.
Explosives used: ☐ Yes ☒ No Type _____ Amount _____

BORE HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds	
12	0	20.5	Be	0	20.5	19 Sacks	
8	20.5	810					

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	20.5	.250	☒	☐	☒	☐
Liner: 6	0	805	.188	☒	☐	☒	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ NoneFinal location of shoe(s) 6" @ 805

(7) PERFORATIONS/SCREENS

☒ Perforations Method Machined
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
765	805	1/8x4	502	6		☐	☒

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20+	0	805	1 Hour

Temperature of water 68 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 1203 Lot _____
Township 18 S Range 14 E WM
Section 16 NW 1/4 NE 1/4
Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)Street Address of Well (or nearest address) _____
61100 Obermalte Rd

(10) STATIC WATER LEVEL

725 ft. below land surface. Date 6-29-05
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

From	To	Estimated Flow Rate	SWL
743	810	20+	725

(12) WELL LOG

Material	From	To	SWL
Sandy Top Soil	0	7	
Broken Lava	7	15	
Hard Grey Lava	15	215	
Broken Lava	215	221	
Hard Lava	221	250	
Broken Lava	250	276	
Hard Brown Lava	276	338	
Broken Lava	338	385	
Hard Lava	385	428	
Sandstone	428	530	
Hard Lava	530	550	
Sandstone	550	590	
Hard Lava	590	632	
Mild Lava	632	743	
Broken Lava	743	810	725

Date Started 6-24-05 Completed 6-29-05

(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 6-29-05
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 6-29-05
Signed _____