

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

RECEIVED
 DESC 57132

NOV 21 2005

WELL I.D. # L 78621

START CARD # 179942

Instructions for completing this report are

WATER RESOURCES DEPT
 SALEM, OREGON

(1) LAND OWNER
 Name **Lynden Hocker** Well Number _____
 Address **63845 Deschutes Market 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 **710** ft.
 Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12	0	21.5	BE	0	21.5	22 Sacks
8	21.5	710				

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	21.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6	0	710	.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" @ 710**

(7) PERFORATIONS/SCREENS

Perforations Method **Machined**
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
680	710	1/8x4	256	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15+	0	705	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? Top little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL (legal description)
 County **Desc**
 Tax Lot **500** Lot _____
 Township **17** S Range **12** E WM
 Section **11** SE 1/4 NW 1/4

Lat _____ " or _____ (degrees or decimal)
 Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) _____
63845 Deschutes Market Rd

(10) STATIC WATER LEVEL
641 ft. below land surface. Date **10-27-05**
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
 Depth at which water was first found **651**

From	To	Estimated Flow Rate	SWL
651	710	15+	641

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Top Soil	0	12	
Broken Lava	12	16	
Hard Grey Lava	16	103	
Broken Lava Lost Returns	103	115	
Hard Lava	115	165	
Soft	165	206	
Hard Lava	206	340	
Mild Lava	340	405	
Sandstone	405	433	
Hard Lava	433	525	
Mild Lava	525	573	
Sandstone	573	633	
Hard Lava	633	651	
Broken Lava	651	710	641

Date Started **10-25-05** Completed **10-27-05**

(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 **10-27-05**
 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 **10-27-05**
 Signed _____

FEB 01 2006