

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

DESC 57192

WELL ID # L **80462**

(START CARD) # **176360**

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

(1) OWNER: Well Number: 1
 Name Roger & Cynthia Grossman
 Address 70455 N.W. Lower Bridge Way
 City Terrebonne State OR Zip 97760

(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 215 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12	0	43	Bentonite	0	43	34 sacks
8	43	215				

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	+2	43	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6	-14	211	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
191	211	1/8	240			<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
30	0	200	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: _____

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 14S N or S. Range 12E E or W. of WM.
 Section (19) SE 1/4 NW 1/4
 Tax lot 702 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

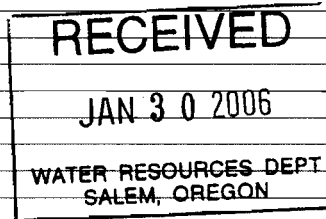
(10) STATIC WATER LEVEL:
157 ft. below land surface. Date 1/26/2006
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 174

From	To	Estimated Flow Rate	SWL
174	215	100+	157

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	4	
Top Soil & Gravel	4	12	
Red Cinders	12	28	
Light Brown Sandstone	28	46	
Dark Brown Sandstone	46	78	
Pink Ash	78	131	
Gray Sandstone	131	174	
Gray Fractured Basalt WB	174	187	157
Black Sand	187	215	157



WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 Redmond, OR 97756

Date started 1/25/2006 Completed 1/26/2006

(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 my best knowledge and belief.

Signed _____ WWC Number _____
 Date _____

(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 Robert Buckner WWC Number 1385
 Date 1/26/2006
Robert Buckner