

WELL LABEL # L 81024

START CARD # 181666

(1) LAND OWNER Owner Well I.D.#3

First Name _____ Last Name _____
 Company Indian Meadows Water Co.
 Address PO BOX 3
 City Sisters State OR Zip 97759

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

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community

Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)

Depth of Completed Well 180.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
15.5	0	180	Cement	0	118	105	S

How was seal placed: Method A B C D E

Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	2	180	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Machine _____

Screens Type _____ Material _____

Perf/	Casing/	Screen	Scrn/slot	Slot	# of	Tele/	
Screen	Liner	Dia	width	length	slots	pipe size	
Perf	Casing	10	120	180	.25	3	1,140

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
400		180	2
600	37	168	8

Temperature 52 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 14.00 S N/S Range 10.00 E E/W WM

Sec 28 NE 1/4 of the NW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat 44 °19 ' 4.000 " or 44.3177778 DMS or DD

Long -121 °32 ' 7.000 " or -121.5352778 DMS or DD

Street address of well Nearest address

Corner of Indian Meadow Rd and Polk Camp Rd

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	02-09-2006		54

Flowing Artesian?

WATER BEARING ZONES

Depth water was first found

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
01-09-2006	3	12	25		2
02-23-2006	145	175	400		54

(11) WELL LOG

Ground Elevation 3,112

Material	From	To
Gravels Sand Silt	0	3
Gravels Sand Brown	3	12
Clay Sand Gravels Brown	12	28
Clay Brown	28	47
Gravels Clay Sand	47	88
Clay Silt	88	94
Clay Gravels	94	106
Basalt	106	120
Lava Red Brown	120	145
Sandstone Conglomerate	145	160
Lava Basalt Clay Seams	160	175
Lava Fractured	175	180

Date Started 01-09-2006 Completed 02-09-2006

(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.

License Number 758 Date 02-20-2006

Electronically Filed

Signed THOMAS R PECK (E-filed)

(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.

License Number 1720 Date 02-20-2006

Electronically Filed

Signed JACK ABBAS (E-filed)