

WELL LABEL # L 81810

START CARD # 181704

(1) LAND OWNER Owner Well I.D. _____
 First Name BARBARA Last Name BURKE
 Company _____
 Address 16829 GREENBRIER RD
 City LAKE OSWEGO State OR Zip 97034

(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 430.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	78.5	Cement	0	78.5	66	S
8	78.5	430					

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"/>	8	<input checked="" type="checkbox"/>	1.5	78.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	1	430	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	From	To	width	length	slots	pipe size
Perf	Liner	6	410	430	.125	3	228	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
75		420	1

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 15.00 S N/S Range 10.00 E E/W WM
 Sec 26 NE 1/4 of the SE 1/4 Tax Lot 601
 Tax Map Number _____ Lot _____
 Lat _____ " or 44.24079000 DMS or DD
 Long _____ " or -121.49432000 DMS or DD
 Street address of well Nearest address

67380 HARRINGTON LOOP RD; PARCEL 2

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	<u>04-12-2006</u>			<u>323</u>

Flowing Artesian?

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
<u>04-11-2006</u>	<u>390</u>	<u>430</u>	<u>75</u>			<u>323</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Gravels Medium Large	0	9
Gravel Clay Medium Brown	9	33
Clay Conglomerate	33	72
Lava Gray Hard	72	155
Crevice	155	157
Lava Hard Fractured	157	172
Cinders Red	172	182
Sandstone Brown	182	220
Basalt Clay Seams Purple	220	235
Basalt Fractured Layers	235	265
Lava Hard Fractured	265	360
Cinders Red	360	372
Lava Broken Clay Seams	372	430

Date Started 04-07-2006 Completed 04-12-2006

(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 04-13-2006
 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 04-13-2006
 Electronically Filed
 Signed JACK ABBAS (E-filed)
 Contact Info (optional) _____

