

WELL LABEL # L 86195

START CARD # 1000319

(1) LAND OWNER Owner Well I.D. _____
 First Name GARY Last Name MCCABE
 Company _____
 Address PO BOX 1743
 City REDMOND State OR Zip 97756

(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 277.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	277	Bentonite Chips	0	5	3	S
			Cement	5	38	15	S

How was seal placed: Method A B C D E
 Other Poured Dry

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"/>	3	277	.255	<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"/>
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<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	From	To	width	length	slots	pipe size
Perf	Casing	8	237	277	.125	3	608	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
500		270	2

Temperature 53 °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 12.00 E E/W WM
 Sec 35 SW 1/4 of the SE 1/4 Tax Lot 4301
 Tax Map Number _____ Lot _____
 Lat 44 ° 19 ' 1.000 " or 44.31694444 DMS or DD
 Long -121 ° 15 ' 55.000 " or -121.26527778 DMS or DD
 Street address of well Nearest address

SW 83RD REDMOND,OR

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening				
Completed Well	11-29-2006			160

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 230

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11-28-2006	230	277	500			160

(11) WELL LOG

Ground Elevation 2,730

Material	From	To
Sand Broken Lava	0	4
Sand Clay	4	20
Basalt	20	50
Sandstone Conglomerate	50	95
Basalt Cinders	95	105
Clay Brown	105	130
Lava Broken	130	150
Lava Solid	150	215
Sandstone Conglomerate	215	277

Date Started 11-22-2006 Completed 11-29-2006

(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 1831 Date 11-30-2006
 Electronically Filed
 Signed ALLEN 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 11-30-2006
 Electronically Filed
 Signed JACK ABBAS (E-filed)
 Contact Info (optional)

