

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

DESC 58152
 38152

WELL ID # L **89934**

(START CARD) # **190448**

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

(1) OWNER: Well Number: 1
 Name Mr. Charles Crummy
 Address 7223 Santa Barbara
 City Carlsbad State CA Zip 92011

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

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
6	260	350	Not Disturbed				
			(Existing)				

How was seal placed: Method A B C D E
 Other Not Disturbed
 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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>25+</u>	<u>0</u>	<u>330</u>	<u>1 hr.</u>
<u>15</u>	<u>0</u>	<u>300</u>	<u>1 hr.</u>

Temperature of Water 54 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 15S N or S. Range 13E E or W. of WM.
 Section 3 NW 1/4 NW 1/4
 Tax lot 1000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 2956 NW Canal Blvd., Redmond, OR 97756

(10) STATIC WATER LEVEL:
250 ft. below land surface. Date 7/16/2007
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 260

From	To	Estimated Flow Rate	SWL
260	350	50+	250

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soft Silty Brown & Black Sand WB	260	280	
Brown Sandstone	280	306	250
Tan Sandstone Conglomerate WB	306	323	250
Brown Sandstone Cong. WB	323	350	250

SWL prior to deepening was 258'. Original well log states that the well was finished @ 280'. Probably was fill material in well. Deepened to 350', blowing good water.

Date started 7/16/2007 Completed 7/16/2007

(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 8/3/2007