

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

(1) OWNER:

Well Number: **Airport#2**

Name **City of Bend**
 Address **P.O. Box 431**
 City **Bend** State **OR** Zip **97701**

(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 **1040** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
22	0	300	Cement Slurry	712	750	88 sacks
20	300	760	Cement Slurry	0	148	176 sacks
15in	760	1040				
12in	1040	1050				

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

Backfill placed from **148** ft. to **712** ft. Material **Bentonite Chips**
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16in	+1.5	760	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	14in	750	1040	.375	<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
760	1040	3/16	6250	14in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
700	18ft.	740	24 hr.

Temperature of Water **53** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom **Umpqua Research**
 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 **17S** N or S. Range **13E** E or W. of WM.
 Section **20** **NW** 1/4 **NW** 1/4
 Tax lot **200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **22550 Nelson Rd., Bend, OR 97701**

(10) STATIC WATER LEVEL:

703 ft. below land surface. Date **9/14/2007**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **600**

From	To	Estimated Flow Rate	SWL
633	718	300-500	580
743	1042	1000+	703

(12) WELL LOG:

Material	From	To	SWL
Sandy Loam	0	2	
Broken Gray Basalt	2	6	
Broken Red & Gray Basalt	6	42	
Hard Gray Basalt	42	54	
Conglomerate with Pink Pumice	54	73	
Broken Dark Gray Basalt	73	113	
Red Cinder Rock	113	136	
Dark Gray Basalt	136	163	
No Cuttings Medium Hard	163	185	
Dark Gray Basalt	185	205	
Broken Gray & Red Basalt	205	230	
Vesicular Black Basalt	230	236	
Vesicular Red & Black Basalt	236	242	
Vesicular Black Basalt	242	250	
Brown Tufted Ash	250	275	
Red Cinders	275	280	
Red & Black Basalt	280	300	
Fractured Gray Basalt	300	318	
Soft Brown w/ Red Basalt	318	376	
Soft Brown & Red Basalt	376	380	
Hard Gray Basalt	380	384	
Soft Brown Sandstone	384	428	
Mild Lava & Red Cinders	428	437	
Broken Rubble	437	439	

Date started **1/19/2007** Completed **9/14/2007**

(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 **1365**
 Date **9/25/2007**



OCT 09 2007

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 Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds

How was seal placed: Method A B C D E
 Other
 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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

Temperature of Water _____ 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 _____
 Depth of strata: _____

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 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Gray & Brown Basalt	439	460	
Soft Red Cinders	460	466	
Hard Gray Basalt	466	477	
Soft Brown Sandstone	477	479	
Brown & Red Basalt	479	515	
Brown Sandstone	515	522	
Cemented Gravels	522	545	
Hard Gray Basalt	545	568	
Gray & Red Basalt Broken	568	633	
Red Cinders WB	633	639	580
Brown Sandstone	639	681	580
Black Vesicular Basalt WB	681	718	580
Brown Sandstone	718	743	580
Black Sandstone WB	743	780	703
Gray Broken Basalt WB	780	790	703
Black Vesicular Basalt WB	790	802	703
Hard Gray Broken Basalt WB	802	849	703
Red Cinders WB	849	855	703
Gray & Red Basalt WB	855	863	703
Fractured Gray Basalt WB	863	893	703
Soft Brown Sandstone & Pumice	893	931	703
Medium Gray Sandstone	931	975	703
Brown Sandstone WB	975	1015	703
Fractured Gray Basalt	1015	1042	703

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Date started **1/19/2007** Completed **9/14/2007**

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Signed **Robert Buckner** WWC Number **1385**
 Date **9/25/2007**



