

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

10-16-2007

WELL LABEL # L 90419

START CARD # 1002366

Amended

(1) LAND OWNER Owner Well I.D. 1439

First Name Daniel & Linda Last Name HOGAN Berg
Company TUMALO WEST WATER INC.
Address P.O. BOX 5120 19500 Tumalo Reservoir Rd
City BEND State OR Zip 97708 97701

(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 500.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	lbs
12	0	30	Bentonite	0	30	15	S
8	30	500					

How was seal placed: Method A B C D E
 Other POURED IN 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	Pstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	8		4	30	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6		10	500	.188	<input checked="" type="checkbox"/>	<input checked="" 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 FACTORY
Screens Type _____ Material _____

Perf	Casing	Screen	Liner	Dia	From	To	Sem/slot width	Slot length	# of slots	Tele pipe size
				6	400	500	.09	3	1.200	

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		500	1

Temperature 57 °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 16.00 S N/S Range 11.00 E E-W WM
Sec 36 SE 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

BEND, OREGON DESCHUTES COUNTY

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL (psi)	+ SWL (ft)
Completed Well	10-11-2007		380

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 400

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)
10-11-2007	400	500	25		380

(11) WELL LOG

Material	From	To
SANDY TOP SOIL	0	1
PUMICE	1	200
RED CLAY	200	300
BROWN CLAY SOFT ROCK	300	360
TAN CLAY HARD ROCK	360	380
HARD GRAY ROCK	380	390
BROWN CLAY HARD ROCK	390	440
BROWN CLAY	440	460
HARD BROWN ROCK	460	500

RECEIVED
JAN 22 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 10-05-2007 Completed 10-11-2007

(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 1866 Date 10-16-2007
Electronically Filed
Signed STEVEN O. WHEELER (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 584 Date 10-16-2007
Electronically Filed
Signed DARRELL MAPHET (E-filed)
Contact Info (optional)