DESC 58275

10-26-2007

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

WELL LABEL # L 91695

START CARD # 1002428

(1) LAND OWNER

Owner Well I.D. _____

First Name MARLON Last Name STEELE

Company _____

Address 2280 NW 101ST.

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/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 400.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
12	0	18.5	Bentonite	0	18.5	11	S
8	18.5	363					
6	363	400					

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
●	○	8	☒	1.5	18.5	.250	●	○	☒	☐
○	○	6	☐	3	363	.188	○	●	☒	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐
○	○		☐				○	○	☐	☐

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 363

Temp casing ☐ Yes Dia 6 From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

○ Pump ○ Bailer ◉ Air ○ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
30		395	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 12.00 E E/W WM

Sec 4 NE 1/4 of the SE 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat ° ' " or _____ DMS or DD

Long ° ' " or _____ DMS or DD

◯ Street address of well ◯ Nearest address

2280 NW 101ST.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			☐	
Completed Well	10-22-2007		☐	320

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 361

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10-22-2007	361	400	30		☐	320
					☐	
					☐	
					☐	
					☐	

(11) WELL LOG

Ground Elevation _____

Material	From	To
Fill Material	0	4
Brown Sandstone	4	81
Gravel and Brown Sandstone	81	134
Brown Sandstone	134	150
Hard Grey Lava	150	189
Brown Sandstone	189	243
Caving Red Cinder Gravel	243	361
Broken Lava	361	389
Red Cinders	389	400

Date Started 10-18-2007 Completed 10-22-2007

(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 1276 Date 10-26-2007

Electronically Filed

Signed VINCENT MACKEY (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 1819 Date 10-26-2007

Electronically Filed

Signed JEFFREY R RANDALLS (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.89