DESC 58641

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

WELL LABEL # L 97604

START CARD # W200032

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

(1) LAND OWNER Owner Well I.D. _____
First Name _____ Last Name _____
Company Glenwood Acres Homeowners Association
Address 53333 Huntington Rd.
City La Pine State OR Zip 97739

(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 ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 45 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amount	Scks/lbs
6"	+15"	46'	Clean-out				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	+15"	46'	.250	X			
	X	4"	-	6'	45'	160		X	X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type Mono Flex Material PVC

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
	X		X	4"	25'	45'	.010	2"	7000	4"
			X	4"	6'	25'				

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
124	10'	43' pump depth	3 HRS

Temperature 44 °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 22 N or (S) Range 10 (E) or W W.M.
Sec 02 NE 1/4 of the NW 1/4 Tax Lot 0701
Tax Map Number _____ Lot _____
Lat ___°___'___.___" or ___.___ DMS or DD
Long ___°___'___.___" or ___.___ DMS or DD
Street Address of Well (or nearest address) 53333 Huntington Rd.

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening	11-14-08			24'
Completed Well	11-17-08			24'

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes
WATER BEARING ZONES Depth water was first found 24'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
11-17-08	24'	46'				

(11) WELL LOG Ground Elevation 4,000.00

Material	From	To
Black sand	40'	46'
Clean-out & Install, clc & Liner & Sand screen		

RECEIVED
NOV 20 2008
WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-14-08 Completed 11-17-08

(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 _____ Date _____

Signed _____

(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 1766 Date 11-18-08

Signed Richard Brogdon

Contact Info. (optional)

ORIGINAL – WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK 10/16/2006