

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

05-04-2009

WELL LABEL # L 96160

START CARD # 1006652

(1) LAND OWNER Owner Well I.D. 2

First Name Last Name Company KLIPPEL WATER CO Address 19485 BUCK RD City BEND State OR Zip 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)

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Row 1: 6, 795, 850, Material, SEAL, From, To, Amt, sacks/lbs.

How was seal placed: Method A B C D E Other Did Not Disturb Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: Yes Type Amount

(6) CASING/LINER Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thr. Includes shoe location and temp casing info.

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf/S, Casing/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)

Table with columns: From, To, Description, Amount, Units. Includes temperature and water quality concerns info.

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 17.00 S N/S Range 11.00 E E/W WM Sec 13 SW 1/4 of the SW 1/4 Tax Lot 800 Tax Map Number Lot Lat 44° 5' 54.000" or 44.09833333 DMS or DD Long -121° 21' 30.000" or -121.35833333 DMS or DD Street address of well Nearest address

END BUCK RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Existing Well / Predeepening 05-01-2009 755 Completed Well 05-01-2009 755

WATER BEARING ZONES Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 05-01-2009, 795, 850, 0, 755

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Row 1: Lava Gray Hard Soft Layers N/R, 795, 850

Date Started 05-01-2009 Completed 05-01-2009

(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.

License Number 758 Date 05-04-2009 Electronically Filed Signed THOMAS R PECK (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.

License Number 1720 Date 05-04-2009 Electronically Filed Signed JACK ABBAS (E-filed) Contact Info (optional)

**05-04-2009**

START CARD # 1006652

**(5) BORE HOLE CONSTRUCTION**

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt	

**FILTER PACK**

From	To	Material	Size

**(6) CASING/LINER**

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
○ ○		<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"/>
○ ○		<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"/>
○ ○		<input type="checkbox"/>				○ ○		<input type="checkbox"/>	<input type="checkbox"/>

**(7) PERFORATIONS/SCREENS**

Perf/S creen	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**

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

**Water Quality Concerns**

From	To	Description	Amount	Units

**(10) STATIC WATER LEVEL**

**Water Bearing Zones**

SWL Date	From	To	Est Flow	SWL(psi)	+ <input type="checkbox"/>	SWL(ft) <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"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

**(11) WELL LOG**

Material	From	To

**Comments/Remarks**

Original Log DESC 4691  
Clean out sand silt from 770 feet to 795 feet poor circulation