

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

06-28-2009

WELL LABEL # L 98420

START CARD # 1007186

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

First Name JERRY Last Name BALDOCK
Company
Address 17530 FORKED HORN
City SISTERS State OR Zip 97759

(2) TYPE OF WORK [X] New Well [] Deepening [] Conversion
[] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [X] Domestic [] Irrigation [] Community

[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] (Attach copy)

Depth of Completed Well 410.00 ft.

Table with columns: Dia, From, To, Material, SEAL, From, To, Amt, sacks/lbs. Includes rows for Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E

[X] 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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd. Includes rows for 8" and 6" diameters.

Shoe [] Inside [] Outside [] Other Location of shoe(s) _____

Temp casing [] Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Machine _____

Screens Type _____ Material _____

Table with columns: Perf/S creen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/ pipe size. Includes rows for 6" diameter screens.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Includes row with values 50, 410, 1.

Temperature 53 °F Lab analysis [] Yes By _____

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 15.00 S N/S Range 11.00 E E/W WM
Sec 19 SE 1/4 of the NE 1/4 Tax Lot 300

Tax Map Number 151119 A0 0300 Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

[X] Street address of well [] Nearest address

17530 FORKED HORN RD
Sisters, OR

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), SWL(ft). Includes row for 06-26-2009 with 260 ft.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 300

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Includes row for 06-23-2009 with 300-395 ft and 50 psi.

(11) WELL LOG

Ground Elevation _____

Table with columns: Material, From, To. Lists various soil types like Sand Pumice Brown, Gravels Gray, etc.

Date Started 06-24-2009 Completed 06-26-2009

(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. Materials used and information reported above are true to the best of my knowledge and belief.

License Number 1831 Date 06-28-2009

Electronically Filed

Signed ALLEN 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. 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 1720 Date 06-28-2009

Electronically Filed

Signed JACK ABBAS (E-filed)

Contact Info (optional)

