

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

10-08-2009

WELL LABEL # L 101153

START CARD # 1008183

(1) LAND OWNER Owner Well I.D.

First Name BILL Last Name HOUCK
Company
Address 19049 COUCH MARKET RD
City BEND State OR Zip 97701

(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 120.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Row 1: 12, 0, 26, Bentonite Chips, 0, 26, 64, S.

How was seal placed: Method [ ] A [ ] B [ ] 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 Casing Liner Dia + From To Gauge Stl Plstc Wld Thr

Table with columns: Casing Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thr. Row 1: 8, 1.8, 112, .250, [X], [X], [X], [X].

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS Perforations Method Screens Type Material

Table with columns: Perf/S creen, Casing/ Liner, Screen Dia, From, To, Sern/slot width, Slot length, # of slots, Tele/ pipe size.

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Table with columns: Temperature, Lab analysis, Water quality concerns, From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 18.00 S N/S Range 10.00 E E/W WM
Sec 16 SE 1/4 of the NW 1/4 Tax Lot 700
Tax Map Number 181000 00 00700 Lot
Lat 44 1 19.000 or 44.02194444 DMS or DD
Long -121 32 19.000 or -121.53861111 DMS or DD
[ ] Street address of well [ ] Nearest address

16155 SKYLINERS RD

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft)

Table with columns: Existing Well / Predeepening, Completed Well, Date, SWL(psi), + SWL(ft).

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft).

(11) WELL LOG Ground Elevation 5,100

Table with columns: Material, From, To. Rows: Clay Gravels Sand Brown (0-3), Sand Gravels Cobbles Clay Seams (3-28), Sand Red Brown (28-64), Cobbles Gravels Sand Gray (64-120).

Date Started 09-21-2009 Completed 09-29-2009

(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 10-08-2009
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 10-08-2009
Electronically Filed
Signed JACK ABBAS (E-filed)
Contact Info (optional)

