

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

06-06-2010

WELL LABEL # L 103103

START CARD # 1010225

(1) LAND OWNER

Owner Well I.D. _____

First Name RAY

Last Name SEIDER

Company _____

Address 18600 PLAINVIEW 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)

Depth of Completed Well 395.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	18	Bentonite	0	18	11	S
8	18	395					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other Poured In 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	☒	2	18	250	☒	☐	☐	☐
☐	☒	6	☐	10	395	188	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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

(7) PERFORATIONS/SCREENS

Perforations Method Factory

Screens Type _____ Material _____

Perf/S	Casing/ Screen	Liner	Dia	From	To	Scm/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	6	355	395		.13	3	480	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
150		395	1

Temperature 51 °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 11.00 E E/W WM

Sec 34 SW 1/4 of the SE 1/4 Tax Lot 200

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☒ Street address of well ☐ Nearest address

18600 PLAINVIEW

RD BEND, OR 97701

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	06-04-2010		278

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 350

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
06-04-2010	350	395	150		278

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	1
Hard Grey Basalt	1	25
Red Cinders	25	27
Cong.	27	35
Hard Grey Basalt	35	55
Grey Lava & Tan Clay Seams	55	60
Cong.	60	89
Hard Grey Basalt	89	95
Red & Black Lava w/ Tan Clay Seams	95	127
Hard Grey Basalt	127	151
Red Cinders	151	156
Hard Grey Basalt	156	160
Cong.	160	198
Hard Grey Basalt	198	252
Red Cinders	252	285
Hard Grey Basalt	285	312
Red Cinders	312	330
Hard Grey Basalt	330	350
Red Cinders	350	395

Date Started 06-02-2010 Completed 06-04-2010

(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 _____

Electronically Filed

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 1583 Date 06-06-2010

Electronically Filed

Signed DAVID A SCHLICHTING (E-filed)

Contact Info (optional)