DESC 59223

04-04-2011

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

WELL LABEL # L 80775

START CARD # 1011999

(1) LAND OWNER

Owner Well I.D. _____

First Name JOHN Last Name ROBBINS
Company
Address 64280 N HWY 97
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/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 740.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/ lbs
12	0	118	Bentonite	0	10	10	S
8	118	682	Cement	10	118	63	S
6	682	740					

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E
[X] Other Bentonite poured
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	[X]	2	118	.250	(●)	( )	[X]	[ ]
( )	(●)	6	[ ]	82	682	.250	(●)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

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

(7) PERFORATIONS/SCREENS

Perforations Method ____
Screens Type ____ Material ____

Perf/Screen	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

( ) Pump ( ) Bailer (●) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
15		735	1

Temperature 56 °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 17.00 S N/S Range 12.00 E E/W WM
Sec 3 SE 1/4 of the SW 1/4 Tax Lot 104
Tax Map Number ____ Lot ____
Lat ° ' " or ____ DMS or DD
Long ° ' " or ____ DMS or DD
(●) Street address of well ( ) Nearest address

64280 N HWY 97 BEND, OR 97701

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Predeepening			[ ]	
Completed Well	03-07-2011		[ ]	668

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found ____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
03-07-2011	668	740	15		[ ]	668
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation ____

Material	From	To
Top Soil	0	4
Lava, Brown	4	16
Lava, Grey	16	35
Broken Lava, Brown	35	112
Basalt, Grey	112	232
Basalt, Brown	232	587
Cinders, Lava, Sand	587	682
Basalt, Grey	682	693
Sandstone, Cong., Tan WB	693	740

Date Started 11-04-2010 Completed 03-07-2011

(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 1371 Date 04-04-2011
Electronically Filed
Signed GALE BROCKETT (E-filed)
Contact Info (optional) ____

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK