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

06-	14	-20	11

WELL LABEL # L	75371
START CARD #	1013375

(1) LAND OWNER Owner Well I.D.	(9) LOCATION OF WELL (legal description)	
First Name Last Name	County Deschutes Twp 15.00 S N/S Range 13.00 E E/W WM	
Company Northwest Acres Impropement Distric	Sec <u>6</u> <u>NE</u> 1/4 of the <u>SE</u> 1/4 Tax Lot <u>3200</u>	
Address PO Box 612 City Redmond State OR Zip 97756	Tax Map Number Lot DMS or DD	
	Lat or DMS or DD Long or DD DMS or DD	
(2) TYPE OF WORK New Well Deepening Conversion Alteration (repair/recondition) Abandonment	Street address of well Nearest address	
(3) DRILL METHOD	2660 NW Norse Drive, Redmond, OR 97756	
Rotary Air Rotary Mud Cable Auger Cable Mud	(10) STATIC WATER LEVEL	
Reverse Rotary Other	Date SWL(psi) + SWL(ft)	
(4) PROPOSED USE Domestic Irrigation Community	Completed Well	
Industrial/ Commericial Livestock Dewatering Thermal Injection Other	Flowing Artesian? Dry Hole?	
	WATER BEARING ZONES Depth water was first found	
(5) BORE HOLE CONSTRUCTION Special Standard Attach copy) Depth of Completed Well 230.00 ft.	SWL Date From To Est Flow SWL(psi) + SWL(ft)	
BORE HOLE SEAL sacks/		
Dia From To Material From To Amt lbs		
	(11) WELL LOG Ground Floration	
How was seal placed: Method A B C D E	Ground Elevation Material From To	
Other	Broken Rock Caving 215 230	
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		
○ 6 ☐ -1 230 .188 ○ ○ □		
Shoe Inside Outside Other Location of shoe(s)		
Temp casing Yes Dia From To		
(7) PERFORATIONS/SCREENS		
Perforations Method		
Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ creen Liner Dia From To width length slots pipe size	Date Started 05-18-2011 Completed 05-21-2011	
	(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	
(O) WELL TECTS Make a second s	the best of my knowledge and belief. License Number Date	
(8) WELL TESTS: Minimum testing time is 1 hour Pump Bailer Air Flowing Artesian	License Number Date Electronically Filed	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	Signed	
20	(bonded) Water Well Constructor Certification	
	I accept responsibility for the construction, deepening, alteration, or abandonment	
Temperature 52 °F Lab analysis Yes By	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	
Water quality concerns? Yes (describe below)	construction standards. This report is true to the best of my knowledge and belief.	
From To Description Amount Units	License Number 584 Date 06-14-2011	
	Electronically Filed Signed DARRELL MAPHET (E-filed)	
	Contact Info (optional)	
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