

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

DESC 59678

5/7/2013

WELL I.D. LABEL# L 42967
START CARD # 1019198
ORIGINAL LOG # DESCHUTES 53194

(1) LAND OWNER Owner Well I.D. _____
First Name RON Last Name REMUND
Company _____
Address PO BOX 760
City SISTERS State OR Zip 97759

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: 8 2 138 .250
Material From To Amt sacks/lbs
Seal: Cement 0 138 5700 Pounds

(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 750.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
8	0	750				

How was seal placed: Method A B C D E
 Other DID NOT DISTURB
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	2	750	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

(7) PERFORATIONS/SCREENS Perforations Method MACHINE

Screens Type _____ Material _____		Screens			Screen		Tele/	
Perf/	Casing/	Dia	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner				width	length	slots	pipe size
Perf	Liner	6	710	750	.125	3	456	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
200		750	2

Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount _____
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County DESCHUTES Twp 14.00 S N/S Range 11.00 E E/W WM
Sec 17 SW 1/4 of the SW 1/4 Tax Lot 2017
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
MT VIEW RD

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	4/25/2013		<input type="checkbox"/>	525
	5/2/2013		<input type="checkbox"/>	525

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 626.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
4/29/2013	626	750	200			525

(11) WELL LOG Ground Elevation _____

Material	From	To
NONE	0	626
LAVA BASALT BROKEN	626	705
SANDSTONE	705	725
BASALT BROKEN	725	750

Date Started 4/25/2013 Complete 5/2/2013
(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 758 Date 5/7/2013
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. 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 5/7/2013
Signed JACK ABBAS (E-filed)
Contact Info (optional) _____