

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

DESC 59700

5/20/2013

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

110016
1019648

(1) LAND OWNER

Owner Well I.D.
First Name LAURA Last Name MCCALLUM
Company
Address PO BOX 2247
City ELIZABETH State CO Zip 80107

(2) TYPE OF WORK

[X] New Well [] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
Material From To Amt sacks/lbs
Seal:

(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

Depth of Completed Well 557.00 ft. Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 12, 0, 28, Bentonite Chips, 0, 28, 15, 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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount Actual Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Plstc, Wld, Thrld. Row 1: 8, 2, 28, .250, [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/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size

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

[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 30, 550, 1

Temperature 53 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount

Table with columns: 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 31 SE 1/4 of the NW 1/4 Tax Lot 4800
Tax Map Number 1411000004800 Lot
Lat " or 44.31694444 DMS or DD
Long " or -121.46444444 DMS or DD
[] Street address of well [] Nearest address

69401 GOODRICH RD
SISTERS, OR

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Row 1: 5/16/2013, 415

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 500.00

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft). Row 1: 5/16/2013, 500, 557, 30, 415

(11) WELL LOG

Ground Elevation 3064.00

Table with columns: Material, From, To. Rows: SAND PUMICE (0-8), SANDSTONE BROWN (8-45), LAVA GRAY (45-60), SANDSTONE BROWN (60-232), SANDSTONE GRAY (232-262), LAVA GRAY (262-287), SANDSTONE BROWN (287-318), LAVA (318-332), SANDSTONE BROWN (332-409), CINDERS BASALT BROKEN (409-430), BASALT BROKEN CAVING (430-445), SANDSTONE BROWN (445-455), BASALT LAVA FRACTURED LAYERS (455-557)

Date Started 5/10/2013 Complete 5/16/2013

(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 5/20/2013

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 5/20/2013

Signed JACK ABBAS (E-filed)

Contact Info (optional)