					Page 1 of 1
STATE OF OREGON	DESC	59909	WELL I.D. LABEL# L	12224	
WATER SUPPLY WELL REPORT			START CARD # 1	022074	
(as required by ORS 537.765 & OAR 690-205-0210)	2/26/2	2014	ORIGINAL LOG #		
(1) LAND OWNER Owner Well I.D.				l	
First Name HARRIS Last Name KIMBBLE			ION OF WELL (logal dag	(amintian)	
Company KC DEVELOPMENT GROUP LLC			ION OF WELL (legal des	-	
Address 63560 JOHNSON RD			UTES Twp <u>17.00 S</u> N/S		
City <u>BEND</u> State <u>OR</u> Zip <u>97701</u>		Sec <u>13</u>	<u>SW</u> 1/4 of the <u>NW</u> 1/4	4 Tax Lot <u>823</u>	
(2) TYPE OF WORK New Well Deepening Conve		Tax Map Numb	er	Lot	
Alteration (complete 2a & 10) Abandonment(com	mplete 5a)	Lat°_	" or <u>44.10525000</u>		DMS or DD
(2a) PRE-ALTERATION	inplete <i>Ja</i>	Long°_	er or 44.10525000		DMS or DD
Dia + From To Gauge Stl Plstc Wld Thrd		💽 💽 Sti	reet address of well ONeare	st address	
		KLIPPEL RD			
Material From To Amt sacks/lbs					
Seal:		(10) STATI	C WATER LEVEL		
(3) DRILL METHOD Rotary Air Rotary Mud Cable Auger Cable Mud		(10) 51 A11	Date	SWL(psi) +	SWL(ft)
		Existing W	ell / Pre-Alteration		5.12(11)
Reverse Rotary Other		Completed			533
(4) PROPOSED USE X Domestic Irrigation Community			Flowing Artesian?	Dry Hole?	
Industrial/ Commericial Livestock Dewatering	N	WATER BEARI	ING ZONES Depth water	was first found	535.00
Thermal Injection Other	_	SWL Date	From To Est Fl	ow SWL(psi)	+ SWL(ft)
(5) BORE HOLE CONSTRUCTION Special Standard (A	<u>, , 1</u>			-	
Depth of Completed Well <u>751.00</u> ft.	Attach copy)	2/7/2014	635 751 50)	533
BORE HOLE SEAL	sacks/				
	mt lbs				
	55 S				
8 78 751					
		(11) WELL]	LOC		
			Glound Elevation		
How was seal placed: Method $A \square B \times C \square D$	_E		Material	From	To
Other		SAND PUMIC GRAVELS CO		0	1 16
Backfill placed from ft. to ft. Material File File		PUMICE	BBLES	16	35
Filter pack from ft. to ft. MaterialSize		LAVA BROKE	EN	35	50
Explosives used: Yes Type Amount		CONGLOMER		50	66
(5a) ABANDONMENT USING UNHYDRATED BENTONIT		LAVA		66	90
Proposed Amount Actual Amount		SANDSTONE		90	110
(6) CASING/LINER	11	BASALT MED		110	125
Casing Liner Dia + From To Gauge Stl Plstc V	Wid Thrd H	BASALT HAR	D	125	146
●		SANDSTONE BASALT CLA	VSEAMS	146	190
$\bigcirc \ \bigcirc \ 6 \qquad \boxed{\mathbf{X}} 1 \qquad 751 \qquad .188 \qquad \bigcirc \ \bigcirc \ \boxed{\mathbf{C}}$		CINDERS	I SEAMS	230	230 258
		LAVA CINDE	RS CAVING	258	315
		LAVA FRACT		315	426
	11	CINDERS		426	440
Shoe Inside Outside Other Location of shoe(s)			BROKEN FRACTURED LAYER		524
Temp casing Yes Dia From To To			Y SEAMS BROWN	524	528
(7) PERFORATIONS/SCREENS		BASALI FRA	CTURED LAYERS WITH CLAY	<u>SE 528</u>	751
Perforations Method MACHINE	— ľ				
Screens Type Material	T 1 /	Date Started	2/18/2014 Comple	ete <u>2/24/2014</u>	
Perf/ Casing/Screen Scrn/slot Slot # of Screen Liner Dia From To width length slots	Tele/ pipe size	(unbonded) W	ater Well Constructor Certificat	tion	
Screen Liner Dia From To width length slots Perf Liner 6 711 751 .125 3 456	pipe size	· ,	ne work I performed on the const		g, alteration, or
			of this well is in compliance		
			andards. Materials used and infor	mation reported a	bove are true to
		•	knowledge and belief.		
		License Numbe	Date	2/25/2014	
(8) WELL TESTS: Minimum testing time is 1 hour		Signad my			
Pump Bailer (•) Air Flowing Ar	rtesian	Signed THC	MAS R PECK (E-filed)		
Yield gal/min Drawdown Drill stem/Pump depth Duration (http://www.com/pump.depth_Duration (http://wwww.com/pump.depth_Duration (http://wwwwwwwwwwwwwwwwwwwwwwwwwww.com/pump.depth_Duration (http://wwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwwww	r)	(bonded) Wate	er Well Constructor Certification	1	
50 750 1		I accept respon	sibility for the construction, deep	pening, alteration,	or abandonment
			l on this well during the construction		
			ing this time is in compliance		
Temperature 53 °F Lab analysis Yes By			ndards. This report is true to the b	-	uge and belief.
Water quality concerns? Yes (describe below) TDS amount From To Description Amount	Tinite	License Numbe	Date	2/26/2014	
From To Description Amount	Units	Signed JACH	X ABBAS (E-filed)		
	——		\ /		
			ptional)		

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