

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

WELL I.D. LABEL# L 116436
START CARD # 1024745
ORIGINAL LOG #

10/22/2014

(1) LAND OWNER
Owner Well I.D.
First Name DENNIS Last Name NORRIS
Company HIDDEN VALLEY WATER
Address PO BOX 243
City REDMOND State OR Zip 97753

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: [] [] [] [] [] [] [] []
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
[] Domestic [] Irrigation [X] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 340.00 ft.
BORE HOLE SEAL sacks/lbs
Dia From To Material From To Amt lbs

How was seal placed: Method [] A [] B [X] C [] D [] E
[X] Other BENTONITE 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
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
[X] [X] 8 1.5 38.5 2.50 [X] [X] [X] []
[] [X] 6 0 34.0 1.88 [X] [X] [X] []
Shoe [] Inside [] Outside [] Other Location of shoe(s)
Temp casing [] Yes Dia ___ From ___ To ___

(7) PERFORATIONS/SCREENS
Perforations Method Factory
Screens Type ___ Material ___
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
100 335 1.5

Temperature 53 °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 15.00 S N/S Range 13.00 E E/W WM
Sec 6 NE 1/4 of the SE 1/4 Tax Lot 1200
Tax Map Number Lot
Lat ' " or DMS or DD
Long ' " or DMS or DD
[] Street address of well [X] Nearest address

CORNER OF 37TH AND OAK AVE REDMOND, OR

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [] []
Completed Well 10/20/2014 [] 242
Flowing Artesian? [] Dry Hole? []

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 10/20/2014, 250, 340, 100, 242

(11) WELL LOG
Ground Elevation
Material From To
Top Soil 0 2
Brown Congl 2 6
lava 6 20
Brown SS 20 29
Loose Course Congl 29 32
lava 32 53
Brown SS 53 79
Lava 79 82
Brown SS 82 209
Fractured Basalt 209 229
basalt 229 250
WB course ss gray 250 299
WB Brown SS 299 340

RECEIVED BY OWRD
DEC 11 2014
SALEM, OR

Date Started 10/17/2014 Complete 10/20/2014

(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 ___
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 1255 Date 10/22/2014
Signed WILLIAM DOUG AIKEN (E-filed)
Contact Info (optional) Doug Aiken 1255