Amended 1/4/2022

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

DESC 60395

9/26/2015

WELL I.D. LABEL# L 120275
START CARD # 1028231
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name PHILLIP Last Name SMITH
Company
Address PO BOX 4902
City BEND State OR Zip 97707

(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

[ ] Rotary Air [ ] Rotary Mud [ ] Cable [X] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 32.50 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
10	0	20	Bentonite Chips	0	20	12	S
6	20	32.5			Calculated	9.4	
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other 3 MIN POUR
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
(•)	( )	6	[X]	1	24	.250	(•)	( )	[X]	[ ]
( )	(•)	4.5	[ ]	7.5	32.5	SDR 26	( )	(•)	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

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

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Saw Cut Material PVC

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Screen	Liner	4.5	25.5	32.5	.01	2	1950	4.5

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

(•) Pump ( ) Bailer ( ) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
20	1	15	1

Temperature 43 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 37 PPM

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 20.00 S N/S Range 10.00 E E/W WM
Sec 12 NE 1/4 of the SW 1/4 Tax Lot 9000
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(•) Street address of well ( ) Nearest address
17005 GLENDALE, BEND

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	9/21/2015		[ ]	14

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 17.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
9/21/2015	17	32.5	20		[ ]	14
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation

Material	From	To
Pummie	0	2
Brown sand course	2	12
Brown clay	12	17
Brown sand course	17	32.5

RECEIVED
JANUARY 4, 2022
OWRD

Date Started 9/21/2015 Completed 9/21/2015

(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 1614 Date 9/26/2015

Signed SAM J OLSON (E-filed)

Contact Info (optional) 541-536-5339