

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

DESC 60795

12/13/2016

WELL I.D. LABEL# L

START CARD #

ORIGINAL LOG #

124136
1033023

(1) LAND OWNER

Owner Well I.D.
First Name NEIL Last Name CHASE
Company
Address 7265 SW FALCON CREST DR
City REDMOND State OR Zip 97756

(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 313.00 ft. Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Bentonite Chips and Calculated values.

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. Includes material and shoe information.

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY

Screens Type Material

Table with columns: Perf/ Screen, Casing/ Screen, 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, 313, 1.

Temperature 46 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount 338 ppm

Table with columns: From, To, Description, Amount, Units.

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 15.00 S N/S Range 12.00 E E/W WM

Sec 14 SW 1/4 of the SE 1/4 Tax Lot 801

Tax Map Number Lot

Lat ' ' " or DMS or DD

Long ' ' " or DMS or DD

[X] Street address of well [] Nearest address

7245 FALCON CREST DR

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), +, SWL(ft). Row 1: Completed Well, 12/9/2016, 239.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 243.00

SWL Date From To Est Flow SWL(psi) + SWL(ft)

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), +, SWL(ft). Row 1: 12/9/2016, 243, 313, 30, 239.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows include TOP SOIL, SOFT COARSE GRAVELLY SANDSTONE, BROWN SANDSTONE, MILD BROWN FRACTURED LAVA, BROWN SANDSTONE, W/B COARSE BROWN SANDSTONE.

Date Started 12/5/2016 Completed 12/9/2016

(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 1276 Date 12/13/2016

Signed VINCENT MACKEY (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 12/13/2016

Signed JACK ABBAS (E-filed)

Contact Info (optional) JACK ABBAS