

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

DESC 60863

4/26/2017

WELL I.D. LABEL# L 124150
START CARD # 1034127
ORIGINAL LOG #

(1) LAND OWNER
Owner Well I.D.
First Name JASON Last Name
Company AVION WATER COMPANY
Address 60813 PARRELL RD
City BEND State OR Zip 97702

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing:
Material From To Amt sacks/lbs
Seal:

(3) DRILL METHOD
Rotary Air Rotary Mud Cable Auger Cable Mud
Reverse Rotary Other

(4) PROPOSED USE
Domestic Irrigation Community
Industrial/ Commercial Livestock Dewatering
Thermal Injection Other

(5) BORE HOLE CONSTRUCTION
Special Standard (Attach copy)
Depth of Completed Well 597.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Cement and Calculated entries.

How was seal placed: Method A B C D E
Other
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 Thrld
Shoe Inside Outside Other Location of shoe(s)
Temp casing Yes Dia From + To

(7) PERFORATIONS/SCREENS
Perforations Method MACHINE
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 Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 53 °F Lab analysis Yes By
Water quality concerns? Yes (describe below) TDS amount 93 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County DESCHUTES Twp 17.00 S N/S Range 12.00 E E/W WM
Sec 6 NW 1/4 of the SW 1/4 Tax Lot 3500
Tax Map Number Lot
Lat " or 44.12741667 DMS or DD
Long " or -121.33991667 DMS or DD
Street address of well Nearest address

NO SITUS ADDRESS
TUMALO RIM

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 4/21/2017 424
Flowing Artesian? Dry Hole?

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row: 4/21/2017, 480, 597, 100, 424.

(11) WELL LOG
Ground Elevation 3367.00
Material From To
SAND GRAVELS 0 5
SAND PUMICE 5 12
SAND PUMICE BROWN 12 50
PUMICE PINK 50 56
PUMICE GRAY 56 70
SANDSTONE 70 88
CINDERS 88 99
TUFF 99 165
SANDSTONE 165 187
BASALT BROWN 187 195
SANDSTONE CLAY 195 254
BASALT CLAY SEAMS 254 286
SANDSTONE CONGLOMERATE 286 306
BASALT SOFT GRAY BROKEN 306 316
BASALT HARD 316 333
SOFT LAYER 333 338
BASALT GRAY HARD 338 363
BASALT BROWN 363 409
BASALT HARD GRAY FRACTURED 409 430

Date Started 4/13/2017 Completed 4/21/2017

(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 4/24/2017
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 4/26/2017
Signed JACK ABBAS (E-filed)
Contact Info (optional)

**WATER SUPPLY WELL REPORT -
continuation page**

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START CARD # 1034127

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ORIGINAL LOG #

(2a) PRE-ALTERATION

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
		Material	From	To	Amt	sacks/lbs		

Water Quality Concerns

From	To	Description	Amount	Units

(5) BORE HOLE CONSTRUCTION

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
						Calculated	
						Calculated	
						Calculated	
						Calculated	

(10) STATIC WATER LEVEL

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

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd

(11) WELL LOG

Material	From	To
BASALT RED BROWN FRACTURED	430	467
BASALT GRAY FRACTURED	467	478
CONGLOMERATION CINDERS SANDSTONE	478	570
BASALTCINDERS FRACTURED	570	582
BASALT RED BLACK FRACTURED	582	597

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner Dia	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size

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

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

Comments/Remarks

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

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Map of Hole

