Amended

DESC 60963

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

7/15/2017

WELL I.D. LABEL# L 116806
START CARD # 1035252
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name TRENT Last Name LEVINSON
Company
Address 17043 MAYFIELD DR.
City BEND State OR Zip 97701

(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 [X] Cable [ ] 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 31.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
10	0	18	Bentonite Chips	0	18	21	S
6	18	31			Calculated	8	
					Calculated		

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

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
(•)	( )	6	[X]	2	21	.250	(•)	( )	[X]	
( )	(•)	5	[ ]	10	21	.188	(•)	( )	[X]	
( )	( )		[ ]				( )	( )		
( )	( )		[ ]				( )	( )		
( )	( )		[ ]				( )	( )		

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [X] Yes Dia 10 From + [ ] 0 To 18

(7) PERFORATIONS/SCREENS

Perforations Method
Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
	.	6	21	31			6000	

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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
7	7		1 hr

Temperature 49 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 4.5 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 21.00 S N/S Range 10.00 E E/W WM
Sec 1 NW 1/4 of the NE 1/4 Tax Lot 2600
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
(•) Street address of well ( ) Nearest address
17043 MAYFIELS DR. BEND, OR 97701

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	7/13/2017		[ ]	11

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 19.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
7/11/2017	19	31				11

(11) WELL LOG

Ground Elevation

Material	From	To
top soil	0	2
Course brown sandstone	2	19
Fine black sand	19	31

RECEIVED BY OWRD
AUG 04 2017
SALEM, OR

Date Started 7/11/2017 Completed 7/13/2017

(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 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 570 Date 7/15/2017

Signed LARRY K CRAWFORD (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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