

(1) LAND OWNER

Owner Well I.D. _____

First Name JARROD Last Name PENTTILA

Company OREGON STATE UNIVERSITY

Address 1500 SW CHANDLER AVE.

City BEND State OR Zip 97702

(2) TYPE OF WORK

New Well Deepening Conversion

Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

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 TEST WELL

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 512.00 ft.

BORE HOLE			SEAL			sacks/lbs	
Dia	From	To	Material	From	To	Amt	lbs
16	0	70	Bentonite Chips	0	70	92	S
12	70	512				Calculated	80.63
						Calculated	

How was seal placed: Method B C D E

Other Poured in place

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	10	<input checked="" type="checkbox"/>	3	412	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Johns Material Stainless Steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Te/ pipe size
Screen	Casing	12	412	512	.1			

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1200	13.3	410	2

Temperature 50 °F Lab analysis Yes By Water Systems Engineering

Water quality concerns? Yes (describe below) TDS amount 76 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 18.00 S N/S Range 12.00 E E/W WM

Sec 6 NE 1/4 of the SW 1/4 Tax Lot 100

Tax Map Number 181206C000100 Lot _____

Lat _____ or 44.04403200 DMS or DD

Long _____ or -121.33428200 DMS or DD

Street address of well Nearest address

1500 SW CHANDLER AVE., BEND OR 97702

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	11/22/2019			248.5

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 270.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
11/12/2019	250	512	1200		<input checked="" type="checkbox"/>	
						248.45

(11) WELL LOG

Ground Elevation 3676.00

Material	From	To
Brown Sand	0	10
Pumice	10	20
Tuff	20	50
Scoria with Basalt	50	90
Black Sand	90	100
Basalt	100	110
Scoria with Basalt	110	220
Basalt	220	230
Basalt & Scoria	230	250
Sandy Basalt	250	260
Basalt & Scoria	260	270
Basalt	270	340
Basalt & Scoria	340	380
Basalt	380	400
Scoria	400	415
Basalt	415	495
Basalt & Scoria	495	512

Date Started 10/28/2019 Completed 3/14/2020

(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 1796 Date 3/23/2020

Signed CHRIS HUMPHRIES (E-filed)


Contact Info (optional) Chirs Humphries Jensen Drilling Company

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

DESC 61926

3/23/2020

Map of Hole

<p>STATE OF OREGON WELL LOCATION MAP</p>	<p>Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900</p>	
<p>This map is supplemental to the WATER SUPPLY WELL REPORT</p>		
<p>LOCATION OF WELL</p>	<p>Well Label: 48750</p>	
<p>Latitude: 44.044032 Datum: WGS84</p>	<p>Printed: March 23, 2020</p>	
<p>Longitude: -121.334282</p>	<p><small>DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.</small></p>	
<p>Township/Range/Section/Quarter-Quarter Section: WM18.00S12.00E6NESW</p>	<p><small>Provided by well constructor</small></p>	
<p>Address of Well: 1500 SW CHANDLER AVE., BEND OR 97702</p>		

