

STATE OF OREGON

DESC 62223

WELL I.D. LABEL# L138774

WATER SUPPLY WELL REPORT

START CARD # 1048590

(as required by ORS 537.765 & OAR 690-205-0210)

9/11/2020

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name JERRY Last Name HOFFINGER
Company HOFF ENTERPRISES LLC
Address 5063 S HWY 97 REDMOND OR
City REDMOND State OR Zip 97756

(2) TYPE OF WORK

[X] New Well [] Deepening [] Conversion

(2a) PRE-ALTERATION

Alteration (complete 2a & 10) [] Abandonment(complete 5a)
Casing: Dia + From To Gauge Stl Plstc Wld Thrd
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 515 ft. Special Standard [] (Attach copy)

Table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs. Row 1: 12, 0, 18.5, Bentonite, 0, 18.5, 11, S. Row 2: 8, 18.5, 495, Calculated, 10.49. Row 3: 6, 495, 520, Calculated.

How was seal placed: Method [] A [] B [] C [] D [] E

[X] Other BENTONITE 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, Thrd. Row 1: 8, 1.5, 18.5, .250, [X], [], [], []. Row 2: 6, 6, 495, .188, [], [], [], [].

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

Temp casing [] Yes Dia From + To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Stainless wrap Material Stainless steel

Table with columns: Perf/ Screen, Casing/ Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tel/ pipe size. Row 1: Screen, Liner, 5", 495, 515, .018, 16, 8000.

(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: 40, , 490, 1.

Temperature 65 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below) TDS amount 87 ppm

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

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 15.00 S N/S Range 13.00 E E/W WM

Sec 32 NW 1/4 of the NW 1/4 Tax Lot 300

Tax Map Number Lot

Lat " or 44.23044713 DMS or DD

Long " or -121.20881955 DMS or DD

[X] Street address of well [] Nearest address

5063 S HWY 97

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Pre-Alteration, Date, SWL(psi), SWL(ft). Row 1: Completed Well, 9/1/2020, , 393.

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES

Depth water was first found 393.00

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: 8/18/2020, 393, 520, 40, , 393.

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To. Rows include Top Soil, Broken lava Brown Red SS, lava rock gray, Red orange SS with lava rock, Gray lava rock, Gray SS With lava rock seams, Red orange SS, Brown SS with lava rock, Gray Lava rock, lava rock Fractured, mid Poor returns, Fractured lava rock, Lava Midd Gray, Brown SS With Lava rock, Course Sand With lava rock.

Date Started 8/17/2020

Completed 8/17/2020

(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 2025 Date 9/1/2020

Signed SHAUN ALEXANDER (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 1970 Date 9/11/2020

Signed NEIL FAGEN (E-filed)

Contact Info (optional) 541-548-1245

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

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9/11/2020

Map of Hole

