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

**DESC  62324**

**11/7/2020**

**WELL I.D. LABEL# L** 135727
**START CARD #** 1047607
**ORIGINAL LOG #**

## (1) LAND OWNER

Owner Well I.D. _____

First Name  JAN    Last Name  HUPP

Company _____

Address  19774 GRADE RD.

City  SILVERTON    State  OR    Zip  97381

## (2) TYPE OF WORK

[ ] New Well  [X] 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

[X] Rotary Air  [ ] Rotary Mud  [ ] Cable  [ ] Auger  [ ] Cable Mud
[ ] Reverse Rotary  [ ] Other _____

## (4) PROPOSED USE

[ ] Domestic  [ ] Irrigation  [ ] Community
[X] Industrial/ Commericial  [ ] Livestock  [ ] Dewatering
[ ] Thermal  [ ] Injection  [ ] Other _____

## (5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well _____ ft.

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

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 | Thrd |
|---|---|---|---|---|---|---|---|---|---|---|
| ○ | ○ | | | | | | ○ | ○ | | |
| ○ | ○ | | | | | | ○ | ○ | | |
| ○ | ○ | | | | | | ○ | ○ | | |
| ○ | ○ | | | | | | ○ | ○ | | |
| ○ | ○ | | | | | | ○ | ○ | | |
| ○ | ○ | | | | | | ○ | ○ | | |

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

Temp casing [ ] Yes  Dia _____  From + [ ] _____  To _____

## (7) PERFORATIONS/SCREENS

Perforations  Method _____

Screens  Type _____  Material _____

| Perf/ Screen | Casing/ Liner | 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  ○ Air  ○ Flowing Artesian

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

Temperature  57  °F  Lab analysis [ ] Yes  By _____

Water quality concerns? [ ] Yes (describe below)  TDS amount  168  ppm

| From | To | Description | Amount | Units |
|---|---|---|---|---|
| | | | | |
| | | | | |

## (9) LOCATION OF WELL (legal description)

County  DESCHUTES    Twp  16.00  S  N/S    Range  11.00  E  E/W WM

Sec  9  SE  1/4 of the  NE  1/4    Tax Lot  100

Tax Map Number _____    Lot _____

Lat ___°___'___" or _____  DMS or DD

Long ___°___'___" or _____  DMS or DD

○ Street address of well    ○ Nearest address

NEAR 66200 MCKENZIE-BEND HWY, BEND OR 97701

## (10) STATIC WATER LEVEL

| | Date | SWL(psi) | + | SWL(ft) |
|---|---|---|---|---|
| Existing Well / Pre-Alteration | 8/3/2020 | | | 282 |
| Completed Well | | | | |

Flowing Artesian? [ ]    Dry Hole? [ ]

WATER BEARING ZONES    Depth water was first found _____

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

## (11) WELL LOG

Ground Elevation _____

| Material | From | To |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
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| | | |

Date Started 7/28/2020    Completed 8/3/2020

**(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  1879    Date  11/7/2020

Signed  MICHAEL MERRITT (E-filed)

Contact Info (optional)  mike Merritt

ORIGINAL - WATER RESOURCES DEPARTMENT

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

# WATER SUPPLY WELL REPORT - continuation page

**DESC  62324**

**11/7/2020**

| | |
|---|---|
| **WELL I.D. LABEL# L** | 135727 |
| **START CARD #** | 1047607 |
| **ORIGINAL LOG #** | |

## (2a) PRE-ALTERATION

| Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-----|---|------|----|-------|-----|-------|-----|------|
| | | | | | | | | |
| | | | | | | | | |

| Material | | From | To | Amt | sacks/lbs |
|----------|--|------|----|----|----------|
| | | | | | |
| | | | | | |

## (5) BORE HOLE CONSTRUCTION

### BORE HOLE / SEAL

| Dia | From | To | Material | From | To | Amt | sacks/lbs | |
|-----|------|----|----------|------|----|----|----------|--|
| | | | | | | | | |
| | | | | | | | | Calculated |
| | | | | | | | | Calculated |
| | | | | | | | | Calculated |
| | | | | | | | | Calculated |

### FILTER PACK

| From | To | Material | Size |
|------|----|----------|------|
| | | | |
| | | | |

## (6) CASING/LINER

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|--------|-------|-----|---|------|----|-------|-----|-------|-----|------|
| | | | | | | | | | | |

## (7) PERFORATIONS/SCREENS

| Perf/ Screen | Casing/ Liner | 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) |
|---------------|----------|------------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

## Water Quality Concerns

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
| | | | | |
| | | | | |

## (10) STATIC WATER LEVEL

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

## (11) WELL LOG

| Material | From | To |
|----------|------|----|
| | | |

## Comments/Remarks

drilled from 374 to 454 gray basalt

install 6 in linner from 0 to 444
perforations 404 to 444 .5 .5 160 per.