

Amended 5/2/2022
STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

DESC 62721

WELL I.D. LABEL# L 137714
START CARD # 1048874
ORIGINAL LOG #

6/23/2021

(1) LAND OWNER
Owner Well I.D.
First Name PUBLIC WORKS Last Name DEPARTMENT
Company CITY OF REDMOND
Address 243 EAST ANTLER AVENUE
City REDMOND State OR Zip 97756

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

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

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 985.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, sacks/lbs. Includes rows for Cement and Calculated values.

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

Backfill placed from 275 ft. to 700 ft. Material 3/8 PEA GRAVEL

Filter pack from 700 ft. to 986 ft. Material COLO SILI Size 6/9

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 Wire Wrap Slotted Material 304 Stainless
Perf/ Casing/ Screen Scrn/slot Slot # of Tel/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
2773 76.6 592 96

Temperature 54 °F Lab analysis [X] Yes By Umpqua
Water quality concerns? [ ] Yes (describe below) TDS amount 122 ppm
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 19 SE 1/4 of the SW 1/4 Tax Lot 102
Tax Map Number Lot
Lat " or 44.24869500 DMS or DD
Long " or -121.22079200 DMS or DD
[ ] Street address of well [X] Nearest address
4365 SW VOLCANO AVENUE, REDMOND, OR 97756

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 5/26/2021 471
Flowing Artesian? [ ] Dry Hole? [ ]

Table: WATER BEARING ZONES. Columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Rows for dates 12/11/2020, 2/26/2021, 3/4/2021.

(11) WELL LOG
Ground Elevation 3177.00
Material From To
Crushed Gravel & Loose Boulders 0 3
Brown Ash & Boulders 3 21
Brown Cemented Boulders 21 42
Boulders 42 51
Soft Brown Rock 51 52
Boulder 52 53
Soft Brown Rock 53 58
Hard Brown & Red Basalt 58 60
Brown & Red Rock & Ash 60 86
Hard Gray Basalt 86 137
Brown Conglomerate 137 152
Reddish Brown Conglomerate 152 176
Brown Conglomerate 176 195
Reddish Conglomerate & Red Cinders 195 205
Red & Black Broken Basalt 205 233
Gray Basalt 233 290
Mild Gray Basalt 290 332
Broken Gray Basalt & Cinders 332 339
Gray Basalt 339 345

Date Started 9/4/2020 Completed 5/26/2021

(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 1385 Date 6/23/2021
Signed ROBERT BUCKNER (E-filed)
Contact Info (optional)



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

DESC 62721

6/23/2021

Map of Hole

