STATE OF OREGON WATER SUPPLY WELL REPORT RECEIVED

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

		 use	-	OI	
147287					
1057551					

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210) DEC 19 2	023 ORIGINAL LOG #	
LAND OWNER Owner Well I.D.		<b>DESC 6460</b>
First Name C/O SUBURBAN WATER Last Name SYSTEMS OWRE	(9) LOCATION OF WELL (legal description	n)
Company OREGON WATER UTILITIES CLINE BUTTE, INC.	County DESCHUTES Twp 15.00 S N/S Range	*
address 1325 N. GRAND AVENUE	Sec         16         NE         1/4 of the         NE         1/4         Tax 1	
tity COVINA State CA Zip 91724		
TYPE OF WORK New Well Deepening Conversion		DMS or DI
Alteration (complete 2a & 10) Abandonment(complete 5a)	Lat or _44.27613524 Long or121.29305752	DMS of DI
n) PRE-ALTERATION		
Dia + From To Gauge Stl Plstc Wld Thrd	Street address of well     Nearest address	
Casing:	10005 EAGLE CREST BOULEVARD, REDMOND, OR	97756
Material From To Amt sacks/lbs		
Seal:	(10) STATIC WATER LEVEL	
DRILL METHOD  Rotary Air Rotary Mud Cable Auger Cable Mud	Date SWL(ps	si) + SWL(ft)
	Existing Well / Pre-Alteration	SI) I SWE(II)
X Reverse Rotary Other	Completed Well 2/2/2023	528
PROPOSED USE Domestic Irrigation X Community	Flowing Artesian? Dry Hole	
Industrial/ Commercial Livestock Dewatering		510.00
	_	·
Thermal Injection Other	SWL Date From To Est Flow SWI	L(psi) + SWL(ft)
BORE HOLE CONSTRUCTION Special Standard (Attach copy	(10/12/2022 508 528 150	508
Depth of Completed Well 736.00 ft.	11/4/2022 538 736 2500	528
BORE HOLE SEAL sacks		320
Dia From To Material From To Amt lbs		
26 0 22 Cement 0 608 1285 S	1	-
21 22 610 Calculated 449.13	<u>-                                     </u>	
15.25 610 736	1(11) WELL LOC	
Calculated	(11) WELL LOG Ground Elevation 3097.12	FT
Seal placement method A B C D E Other:	Material Fro	om To
Backfill placed from 733 ft. to 736 ft. Material 4-10 SAND	Broken Rock & Sandy Loam	0 2
Filter pack from 598 ft. to 733 ft. Material SAND Size 4 x 10	Brown & Gray Broken Lava	2 27
	Lost Circulation Fracture	27 32
Explosives used: Type Amount Begin Date Begin Time	Hard Gray Basalt some Loose Fracture	32 165
Seal Placement begin Date begin Time	Gray & Brown Basalt with Red & Black Ash	165 245
) ABANDONMENT USING UNHYDRATED BENTONITE	Soft Gray Pumice & Ash Mix	245 306
Proposed Amount Actual Amount	Gray Ash with Basalt Layers	306 328
CASING/LINER		328 390
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd		390 440
		440 508
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	-	508 528
0     22       12     598       608     633       250       250       27       28       29       20       20       21       20       30       40		528 560
(a) 12   5/8   603   .250   (b)   X		560 611
		611 623
Shoe Inside Outside Other Location of shoe(s)	Hard Black Basalt some Red Cinder Seams	623 736
Temp casing Yes Dia From + To To		
PERFORATIONS/SCREENS		
Perforations Method	Construction	
Screens Type wire wrap slotted Material stainless	Begin Date 7/22/2022 Begin Time 08 00	End Date 2/2/2023
Perf/ Casing/ Screen Scrn/slot Slot # of Tele/	(unbouded) Weter Well Constructor Cortification	
Screen Liner Dia From To width length slots pipe size	(unbonded) Water Well Constructor Certification	doomoning alteration
Screen Liner 12 603 608 .03	I certify that the work I performed on the construction, abandonment of this well is in compliance with Ore	
Screen Liner         12         633         733         .03         12	construction standards. Materials used and information re	
	the best of my knowledge and belief.	ported above are true
	License Number Date	
	Date	
WELL TESTS: Minimum testing time is 1 hour	Signed	
Pump Bailer Air Flowing Artesian		
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)	(bonded) Water Well Constructor Certification	
1200 8 580 24	I accept responsibility for the construction, deepening, al	Iteration or abandons
	work performed on this well during the construction dates r	
	performed during this time is in compliance with Ore	
Temperature 55 °F Lab analysis Yes By	construction standards. This report is true to the best of my	
• -	-  ·	_
Water quality concerns? Yes (describe below) TDS amount 190 mg/L Description Amount Units	License Number <u>1385</u> Date <u>12/19/20</u>	123
	Signed ROBERT BUCKNER (E-filed)	
	Contact Info (optional)	
	Contact into (optional)	
ODIGINAL WATER RESOURCES	_ i DEDADTMENT	

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

**RECEIVED** 

**DESC 64609** 

**DEC 19 2023** 

Map of Hole OWRD

## STATE OF OREGON WELL LOCATION MAP

## Oregon Water Resources Department

725 Summer St NE, Salem OR 97301 (503)986-0900



LOCATION OF WELL

Latitude: 44.27613524 Datum: WGS84

Longitude: -121.29305752

Township/Range/Section/Quarter-Quarter Section:

This map is supplemental to the WATER SUPPLY WELL REPORT

WM15.00S12.00E16NENE

Address of Well:

10005 EAGLE CREST BOULEVARD, REDMOND, OR 97756

Well Label: 147287

Printed: December 18, 2023

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.

Provided by well constructor

