WELL I.D. LABEL# L STATE OF OREGON **DESC 64714** START CARD# WATER SUPPLY WELL REPORT 1073046 3/29/2024 ORIGINAL LOG# DESCHUTES 5047 (as required by ORS 537.545 & 537.765 and OAR 690-205-0210) (1) LAND OWNER Owner Well I.D. First Name JAKE Last Name HANNING (9) LOCATION OF WELL (legal description) Company JACK ROBINSON AND SONS County DESCHUTES Twp 17.00 S N/S Range 12.00 E E/W WM Address PO BOX 5006 NW 1/4 of the SE 1/4 Tax Lot 1504 City BEND OR Zip 97708 State Tax Map Number _ New Well Deepening (2) TYPE OF WORK " or 44.08547000 Alteration (complete 2a & 10) X Abandonment(complete 5a) " or -121.25327000 DMS or DD (2a) PRE-ALTERATION Street address of well
 Nearest address Stl Plstc Wld Thrd Gauge 62950 EAGLE RD BEND, OR 97701 Material Amt_ sacks/lbs From To Seal: (10) STATIC WATER LEVEL (3) DRILL METHOD SWL(psi) SWL(ft) Rotary Air Rotary Mud Cable Existing Well / Pre-Alteration Reverse Rotary X Other PUMPED Completed Well Flowing Artesian? **X** Domestic Dry Hole? (4) PROPOSED USE Irrigation Industrial/ Commericial Livestock Dewatering WATER BEARING ZONES Depth water was first found Thermal Injection Other SWL Date To Est Flow SWL(psi) + SWL(ft) From (5) BORE HOLE CONSTRUCTION Special Standard (Attach copy Depth of Completed Well BORE HOLE **SEAL** sacks/ Dia From Material From To Amt lbs Calculated (11) WELL LOG Ground Elevation 3500.26 FT Seal placement method A B C D E Other: To From Backfill placed from _____ ft. to ____ ft. Material_ Filter pack from _ ft. to _____ft. Material Explosives used: Type Seal Placement Begin Date 3/14/2024 Begin Time 13 (5a) ABANDONMENT USING UNHYDRATED BENTONITE Actual Amount Proposed Amount (6) CASING/LINER Plstc Casing Liner From Gauge Wld Thrd Inside Outside Other Location of shoe(s) Temp casing Yes Dia From (7) PERFORATIONS/SCREENS Perforations Method Construction End Date 3/15/2024 Screens Type _ Material Begin Date Begin Time 08 3/14/2024 Perf/ Casing/ Screen Scrn/slot Slot # of Tele/ (unbonded) Water Well Constructor Certification Screen Liner From length slots pipe size 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 1987 (8) WELL TESTS: Minimum testing time is 1 hour MATHEW ROGERS (E-filed) () Air Flowing Artesian O Pump Bailer

Signed JACK ABBAS (E-filed)
Contact Info (optional) JACK ABBAS

Duration (hr)

Drawdown

Yield gal/min

Water quality concerns?

Temperature 54

Drill stem/Pump depth

Yes (describe below) TDS amount 98

°F Lab analysis LYes By

ppm

(bonded) Water Well Constructor Certification

License Number 1720

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.

Date 3/29/2024

L		
#	1073046	
#	DESCHITTES	5047

continuation page	3/29/2024	/29/2024 ORIGINAL LOG # DESCRIUTES 5047				
2a) PRE-ALTERATION		uality Concerns		3047		
Dia + From To Gauge Stl Plstc Wld Thrd	From	То	Description	Amount	Units	
Material From To Amt sacks/lbs						
	(10) CT A					
	— (10) S1A	From		SWL(psi) +	- SWI (ft)	
5) BORE HOLE CONSTRUCTION	SWEDate	Tiom	Lst i low	SWE(psi)	J SWE(II)	
BORE HOLE SEAL sa	cks/					
Dia From To Material From To Amt 1	lbs			<u> </u>		
Calculated						
Calculated	_			 		
Calvalated						
Calculated	\neg \mid \square					
Calculated	(11) WEL					
FILTER PACK		Material		From	To	
From To Material Size						
CACINIC/I INIED						
6) CASING/LINER						
Casing Liner Dia + From To Gauge Stl Plstc Wld Th	rd			-		
	-, II					
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				+		
7) PERFORATIONS/SCREENS						
Perf/ Casing/ Screen Scrn/slot Slot # of T	Tele/					
	pe size					
	Name of per	son(s) who assisted	with construction and	Trainee Licens	se # / Helper	
		Assistant Name	Тур	е .	#	
(8) WELL TESTS: Minimum testing time is 1 hour						
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)		ts/Remarks				
2 m som 2 m so		VC LINER 0'- 639'	. PUMPED 37 YARD	S OF 22 SAC	FROM	
	639'- 1'.					

DESC 64714

3/29/2024

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

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



Startcard: 1073046

Printed: March 20, 2024

be construed as survey accurate in any manner.

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to

Provided by well constructor

LOCATION OF WELL

Latitude: 44.08547000 Datum: WGS84

Longitude: -121.25327000

Township/Range/Section/Quarter-Quarter Section:

WM17.00S12.00E23NWSE

Address of Well:

62950 EAGLE RD BEND, OR 97701

