

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)

DESC
8499

RECEIVED

AUG 30 1993

18s/12e/33ac

(1) OWNER: Well Number #5B
 Name City of Bend
 Address P.O. Box 431
 City BEND State OR Zip 97709

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 1065 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
19	0	810	cement grout	810	780	35 sacks
19			cement/sand	780	150	26 yards
19			cement/slurry	150	0	5 yards
13	810	1065	---	---	---	---

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing:	14	+2	810	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	10	802	1060	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
818	1060	3/16x3	11	376	10"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
750	3		1 hr.
			12 Hr.

Temperature of Water 51 Depth Artesian Flow Found ---
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 18 S N or S. Range 12 E E or W. WM.
 Section 33 NE 1/4 NE 1/4
 Tax Lot 101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1402 NE Lafayette Bend, OR 97701

(10) STATIC WATER LEVEL:
731 ft. below land surface. Date 8-17-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 750

From	To	Estimated Flow Rate	SWI.
750	1065	1000	731

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Dirt & cobbles	0	7	
Basalt gray slab rock	7	40	
Basalt gray andesite	40	65	
Basalt fractured	65	72	
Cinders red soft	72	91	
Basalt gray hard	91	110	
Lava pourous red & lavender	110	145	
Lava brown & red	145	160	
Lava gray pourous	160	196	
Basalt gray hard	196	208	
Lava red & lavender	208	224	
Lava hard	224	250	
Lava pourous brown with pumice	250	335	
Hard gray andesite	335	355	
Lava gray hard	355	423	
Lava brown & gray medium	423	460	
Lava brown soft	460	480	
Gray harder	480	657	
Lava soft gray & red	657	675	
Decompose lava brown	675	705	
CONTINUED			

Date started _____ Completed _____
(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number 368
 Date 8/25/93

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1483
 Date 8/25/93

STATE OF OREGON
WATER WELL REPORT
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(1) OWNER: Well Number _____
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 Address P.O. Box 431
 City Bend State OR Zip 97709

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 New Well Deepen Recondition Abandon

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE Diameter	From		To	SEAL Material	From		To	Amount sacks or pounds

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of Water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 18 S N or S. Range 12 E E or W. WM.
 Section 33 NE ¼ NE ¼
 Tax Lot 101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1402 NE Lafayette
Bend, OR 97701

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Basalt hard gray	705	750	
Basalt pourous	750	780	WB
Basalt gray hard	780	812	
Basalt pourous fractured gray and red	812	817	
Red basalt fractured	817	825	
Basalt gray harder	825	842	
Lava red firm	842	870	WB
Conglomerate easy drilling	870	891	
Basalt gray medium	891	899	
Basalt gray hard	899	913	
Basalt hard medium soft	913	925	
Weathered basalt gray & brown	925	945	
Weathered conglomerate	945	992	
Basalt pourous hard	992	1040	WB
Lava pourous and broken	1040	1065	WB

Date started 6/8/93 Completed 8/17/93

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] WWC Number 1358 Date 8/23/93

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1483 Date 8/23/93