

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

OCT 14 1993

DESC
 8533

20s/7E/24

(START CARD) # 54976

(1) OWNER: Well Number # 2
 Name Cultas Lake Resort
 Address P.O. Box 262
 City ##### Bend State Or. Zip _____

(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 100 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	25	cement	0	25	35 sacks
6"	25	100				

How was seal placed: Method A B C D E
 Other pumped via tremie

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

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6"	+ 1	99'	250	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method mills knife
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
34	37	1/8	15	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	54	"	25	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
90	95	"	25	6"		<input checked="" 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
40 gpm	14'		1 hr. 4 hrs

Temperature of Water 48 Depth Artesian Flow Found -0-
 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 fine sand/ash
 Depth of strata: between perforated areas

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 20 S N or S. Range 7 E E or W. WM.
 Section 24 SE 1/4 SE 1/4
 Tax Lot USFS Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Cultas Lake Resort

(10) STATIC WATER LEVEL:
34' ft. below land surface. Date 9-28-93
 Artesian pressure -0- lb. per square inch. Date -0-

(11) WATER BEARING ZONES:
 Depth at which water was first found 34'

From	To	Estimated Flow Rate	SWL
34'	37'	15 gpm	34
49'	54'	15 "	"
90'	95'	20 "	"

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
top soil	0	2	
pumice sand & boulders	2	19	
grey sticky clay	19	32	
cinders & gravel	32	36	34
fine black silt	36	49	"
red cinders & gravel	49	54	"
fine black ash sands	54	83	"
fine black silts	83	90	"
med.- course sands	90	95	"
fine black sands	95	100	"

Date started 9-17-93 Completed 9-28-93

(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.
 Signature [Signature] WWC Number 1616
 Date 9-29-93

(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.
 Signature [Signature] WWC Number 741
 Date 9-30-93