

FEB 25 1994

Desc
 9108

18S/12E/7db
 Page 1 of 3

(START CARD) # 16158

(1) OWNER:
 Name City of Bend
 Address P.O. Box 431
 City Bend, State OR Zip 97701
 Well Number: 3

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

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
	16" 0 497	cement	0 365	1333.33
	8" 497 812			

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 365 ft. to 495 ft. Size of gravel Pea gravel

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
					5	3				
Casing:	12"	+2	496	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
417	497	1/4"	1920	12		<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
550	24	454	24 Hr.

Temperature of water 52° 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 18S N or S. Range 12E E or W. WM.
 Section 7 NW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 10/8/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 389

From	To	Estimated Flow Rate	SWL
389	396	75	376
417	488	300	376
690	812	1500	376

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Pinhole Lava Black	1	20	
Black Lave	20	25	
Broken Black Lava	25	32	
Black Lava Solid	32	39	
Red Cinders	39	50	
Red Gravely Pumice (muddy)	50	81	
Black Lava	81	90	
Broken Blk Lava & Red	90	120	
Broken Black Lave	120	133	
Black Lava (Hard)	133	139	
Mild Brown Lava Muddy	139	165	
Red Cinders	165	183	
Brownm Sand & Pumice	183	192	
Brown Sand & Gravels	192	203	
Brown Conglomerate	203	209	
Broken Black Lava	209	212	
Black Lava (hard)	212	237	
Pink Lava	237	286	
Brown lava	286	297	
Grey Lava	297	307	
Brown Lava	307	323	
Red Cinders (cemented)	323	354	

Date started 12/26/89 Completed 12/5/90

(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 Robert Buck WWC Number 1385
 Date 2/22/94

(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 Robert Buck WWC Number 1385
 Date 2/22/94

FEB 25 1994

WATER RESOURCES DEPT.
SALEM, OREGON

Desc
9108

188/12E/706
Page 2 of 3

(START CARD) # 16158

(1) OWNER: Well Number 3
Name City of Bend
Address P O Box 431
City Bend State Or Zip 97701

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

HOLE SEAL
Table with columns: Diameter, From, To, 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:
Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s) _____

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

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Pump Bailer Air Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time

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 _____ Latitude _____ Longitude _____
Township _____ N or S. Range _____ E or W. WM. _____
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(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 _____

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG:
Ground elevation _____

Table with columns: Material, From, To, SWL
Brown Lava (hard) 354 360
Red Lava (hard) 360 373
Grey Lava 373 391 389
Brown Conglomerate 391 412
Grey Basalt Fratured 412 434
Red Cinder Conglomerate 434 478
Grey Basalt 478 500
Brown & Red Conglomerate 500 512
Hard Grey Basalt 512 540
Brown Basalt 540 550
Red Basalt 550 554
Red Basalt 554 559
Brown Basalt Broken 559 566
Brown & Red Conglomerate 566 571
Red Basalt 571 579
Soft Red Basalt 579 594
Hard Brown Basalt 594 606
Broken Brown Basalt 606 607
Hard Brown Basalt 607 620
Fine Conglomerate 620 630
Black & Red Cinders 630 690

Continued on page 3
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 _____ WWC Number _____
Date _____

(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 _____ WWC Number _____
Date _____

