

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

Desc 9997
Rock Bluff

RECEIVED

185/12E/7db

JUL 14 1995 (START CARD) # 77912

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number # 3
 Name City of Bend
 Address P O Box 431
 City Bend State OR Zip 97709

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

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

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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 850 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
19"	0	30	Cement	0	150	176 sacks
17"	30	530	Cement	510	530	66 sacks

How was seal placed: Method A B C D E
 Other 7 yards

Backfill placed from 415 ft. to 150 ft. Material sand grout
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+2	530	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10"	520	850	.366	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
570	850	1/8x3	12768	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1000	N/A	Bottom	1 hr.
570	1'	428	24 hrs

Temperature of water 53° 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) Powers Road

(10) STATIC WATER LEVEL:
395 ft. below land surface. Date 06/01/95
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 395'

From	To	Estimated Flow Rate	SWL
395	850	1000	395'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top soil & roots	0	3	
Red Dirt	3	5.5	
Lava grey broken	5.5	10	
Lava grey med	10	13	
Lava grey & red w/seams of broken	13	43	
Cinders red loose	43	50	
Pumice white & tan	50	54	
Lava grey very broken & cavy	54	79	
Lava grey med	79	83	
Lava grey hard	83	104	
Lava grey med	104	116	
Lava grey & red broken & gravelly	116	123	
Lava grey med hard with fractures	123	138	
Lava grey hard	138	144	
Lava red with pumice & cinders bm	144	187	
Lava reddish brown med	187	198	
Andosite basalt grey hard w/very little red	198	315	
Lava red gravelly	315	324	
Red cinders loose	324	329	

Date started 04/26/95 Completed 06/08/95

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1523
 Date 7-10-95

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] WWC Number 1358
 Date 7-10-95

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

JUL 14 1995

(START CARD) # 77912

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number SALEM, OREGON Name City of Bend Address P O Box 431 City Bend State OR Zip 97709

(2) TYPE OF WORK [] New Well [] Deepening [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD: [] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

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

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, 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: Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner

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

(12) WELL LOG: Ground Elevation

Table with columns: Material, From, To, SWL. Includes entries like Lava red & brown w/some cinders, Basalt grey hard, etc.

Date started Completed

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