

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

JAN 07 2019

10/22/2018

WELL I.D. LABEL# L 130898
START CARD # 1040564
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. _____
First Name CONONE Last Name DAVIS
Company CNC HOMES
Address 61345 WARD RD
City BEND State OR Zip 97702

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

(4) PROPOSED USE

☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☒ Other OBSERVATION

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 504.00 ft.

BORE HOLE			SEAL			Amt	sacks/lbs
Dia	From	To	Material	From	To		
12	0	212	Bentonite Chips	0	180	95	S
8	212	504				Calculated 93	
			Cement	180	212	25	S
						Calculated 11	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☒ Other POURED DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☒	8	☒	2	212	.250	☒	☒	☒	☒
☐	☐	6	☐	4	504	.188	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method MACHINE

Screens Type _____ Material _____

Perf/	Casing/	Screen	Perf/	Casing/	Screen	Perf/	Casing/	Screen	Perf/	Casing/	Screen
Screen	Liner	Dia	From	To	width	length	# of slots	Tele/	Screen	Liner	Dia
Perf	Liner	6	484	504	.125	3	228		Perf	Liner	6

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		500	1.5

Temperature 60 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 145 ppm

From	To	Description	Amount	Units
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(9) LOCATION OF WELL (legal description)

County LAKE Twp 24.00 S N/S Range 22.00 E E/W WM
Sec 22 SE 1/4 of the SW 1/4 Tax Lot 1600
Tax Map Number _____ Lot _____
Lat _____ " or 43.46950000 DMS or DD
Long _____ " or -120.07083333 DMS or DD
☐ Street address of well ☒ Nearest address

GLASS BUTTE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	10/16/2018			288

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 310.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

9/20/2018	310	504	100		288
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(11) WELL LOG

Ground Elevation 4554.00

Material	From	To
SAND GRAVELS	0	16
CEMENTED GRAVELS BROWN	16	30
CEMENTED GRAVELS GRAY	30	43
BASALT CONGLOMERATE BROWN	43	78
SANDSTONE	78	178
BASALT GRAY	178	188
BASALT CREVICED	188	207
BASALT GRAY HARD	207	248
BASALT HARD LIGHT GRAY	248	288
BASALT CINDERS MIX RED BROWN	288	312
BASALT GRAY FRACTURED	312	378
BASALT BROKEN	378	384
BASALT FRACTURED	384	446
SANDSTONE	446	476
BASALT FRACTURED	476	504

Date Started 9/19/2018 Completed 10/16/2018

(unbonded) Water Well Constructor Certification

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 758 Date 10/22/2018

Signed THOMAS PECK (E-filed)

(bonded) Water Well Constructor Certification

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.

License Number 1720 Date 10/22/2018

Signed JACK ABBAS (E-filed)

Contact Info (optional) _____

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

LAKE 52863
LAKE 52863

10/22/2018

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



LOCATION OF WELL

Latitude: 43.4695 Datum: WGS84

Longitude: -120.0708333

Township/Range/Section/Quarter-Quarter Section:
WM 24S 22E 22 SESW

Address of Well:
GLASS BUTTE

Well Label: 130898

Printed: October 22, 2018

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

