STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

DESC 60431

10/27/2015

WELL I.D. LABEL# L	119310
START CARD #	1028203
ORIGINAL LOG #	

(1) LAND OWNER

Owner Well I.D.

First Name TY Last Name RAWLINS

Company CANYONS LAND & CATTLE

Address 800 NE TENNEY RD SUITE 110-348

City VANCOUVER State WA Zip 98685

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment(complete 5a)

(2a) PRE-ALTERATION

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									

	Material	From	To	Amt	sacks/lbs
Seal:					

(3) DRILL METHOD

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 230.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
12	0	18.5	Bentonite Chips	0	18.5	12	S
8	18.5	230			Calculated	11.94	
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E

[X] 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	[X]	1.5	18.5	.250	(•)	( )	[ ]	[ ]
( )	(•)	6	[ ]	10	230	.188	(•)	( )	[X]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]
( )	( )		[ ]				( )	( )	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)

Temp casing [ ] Yes Dia ____ From ____ To ____

(7) PERFORATIONS/SCREENS

Perforations Method factory

Screens Type Material

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	6	210	230	.125	3	228	

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

( ) Pump ( ) Bailer (•) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
50		230	1

Temperature 52 °F Lab analysis [ ] Yes By

Water quality concerns? [ ] Yes (describe below) TDS amount 173

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 14.00 S N/S Range 13.00 E E/W WM

Sec 10 NW 1/4 of the NW 1/4 Tax Lot 515

Tax Map Number Lot

Lat ° ' " or DMS or DD

Long ° ' " or DMS or DD

(•) Street address of well ( ) Nearest address

NE GOODPASTURE LANE LOT 47

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	10/15/2015		[ ]	121

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 131.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
10/15/2015	131	230	50		[ ]	121
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation

Material	From	To
TOP SOIL	0	5
HARD GRAY LAVA	5	27
BROKEN LAVA LOST RETURN	27	61
HARD GRAY LAVA	61	131
W/B FRACTURED & BROKEN LAVA	131	230

Date Started 10/14/2015 Completed 10/15/2015

(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 1276 Date 10/27/2015

Signed VINCENT MACKEY (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 10/27/2015

Signed JACK ABBAS (E-filed)

Contact Info (optional) JACK ABBAS