

STATE OF OREGON WATER SUPPLY WELL REPORT

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

DESC 60062

8/7/2014

WELL I.D. LABEL# L

115197

START CARD #

1023391

ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.

First Name CHERYL Last Name TILLMAN

Company

Address 20510 SWALLEY RD

City BEND State OR Zip 97701

(2) TYPE OF WORK

[X] 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

Seal:

(3) DRILL METHOD

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

[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE

[X] Domestic [ ] Irrigation [ ] Community

[ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering

[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)

Depth of Completed Well 630.00 ft.

BORE HOLE

SEAL

sacks/lbs

Table with columns: Dia, From, To, Material, From, To, Amt, lbs

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

Table with columns: Dia, From, To, Gauge, Stl, Plstc, Wld, Thrd

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

Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY

Screens Type Material

Perf/ Casing/ Screen Screen Liner Dia From To Scrn/slot Slot # of Tele/ width length slots pipe size

Table with columns: Perf, Liner, Dia, From, To, width, length, slots, pipe size

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

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 55 °F Lab analysis [ ] Yes By

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

Table with columns: From, To, Description, Amount, Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 16.00 S N/S Range 12.00 E E/W WM

Sec 21 NW 1/4 of the NW 1/4 Tax Lot 201

Tax Map Number Lot

Lat " or " DMS or DD

Long " or " DMS or DD

[X] Street address of well [ ] Nearest address

20470 SWALLEY RD

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration Date SWL(psi) + SWL(ft)

Completed Well 7/30/2014 549

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 549.00

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

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

(11) WELL LOG

Ground Elevation

Table with columns: Material, From, To

Date Started 7/23/2014 Complete 7/30/2014

(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.

License Number 1276 Date 8/7/2014

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.

License Number 1720 Date 8/7/2014

Signed JACK ABBAS (E-filed)

Contact Info (optional) JACK ABBAS

ORIGINAL - WATER RESOURCES DEPARTMENT

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

JRM