

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

DESC 62543

WELL I.D. LABEL# L 142128
START CARD # 1051087
ORIGINAL LOG #

4/3/2021

(1) LAND OWNER
Owner Well I.D.
First Name SCOTT AND CARIN Last Name WALLACE
Company
Address 63950 TYLER 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
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/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [] (Attach copy)
Depth of Completed Well 657.00 ft.

Table with columns: Dia, From, To, Material, From, To, Amt, lbs. Rows include Bentonite Chips and Cement.

How was seal placed: Method [] A [] B [X] 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
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 Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Row 1: 25, , 650, 1.5

Temperature 54 °F Lab analysis [] Yes By
Water quality concerns? [] Yes (describe below) TDS amount 123 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County DESCHUTES Twp 17.00 S N/S Range 11.00 E E/W WM
Sec 11 NW 1/4 of the NE 1/4 Tax Lot 200
Tax Map Number Lot
Lat ' " or " DMS or DD
Long ' " or " DMS or DD
[] Street address of well [] Nearest address

63950 TYLER RD

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well 3/29/2021 535
Flowing Artesian? [] Dry Hole? []

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft). Row 1: 3/26/2021, 580, 657, 25, 535

(11) WELL LOG
Ground Elevation
Material From To
SAND 0 4
GRAVELS SAND 4 14
PUMICE 14 50
SAND 50 55
BASALT BROKEN CINDERS 55 79
CREVICE 79 81
SANDSTONE CONGLOMERATE BROWN 81 170
BASALT BROKEN 170 201
BASALT SOLID 201 250
CREVICED BROKEN POOR RETURNS 250 265
HARD FRACTURED 265 303
BASALT CONGLOMERATE 303 325
CINDERS RED 325 330
CONGLOMERATE 330 348
BASALT GRAY FRACTURED 348 407
CONGLOMERATE BROWN 407 439
BASALT GRAY 439 452
CONGLOMERATE BROWN 452 463
BASALT GRAY FRACTURED 463 520

Date Started 3/17/2021 Completed 3/29/2021

(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 4/3/2021
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 4/3/2021
Signed JACK ABBAS (E-filed)
Contact Info (optional)

