

STATE OF OREGON
Water Supply Well Report

(as required by ORS 537.765)

DESC 55572

DESC

Received Date: 09-05-2003

Well ID Tag # L 57386

Start Card # 149320

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

(1) Owner Well Number: _____
 Name: _____
CASCADE HIGHLANDS
 Street: **61999 BROKEN TOP DR**
 City: **BEND** State: **OR** Zip Code: **97702**

(2) Type of Work
 New Alter (Recondition) Alter (Repair)
 Deepening Abandonment

(3) Drill Method
 Rotary Air Rotary Mud Cable Auger
 Other: _____

(4) Proposed Use
 Domestic Community Industrial Irrigation Injection
 Livestock Thermal Other: _____

(5) Bore Hole Construction
 Special Standards: Depth of completed well: **470.00 ft.**
 Explosives Used: Amount: _____ Type: _____

Diameter	Hole		Mtrl	Seal		Sacks/lbs
	From	To		From	To	
12.00	0.00	38.00	GB	0.00	38.00	23
8.00	8.00	470.00				

 How was seal placed? _____ Other: **POURED DRY**
 Back fill placed from: _____ Material: _____
 Filter pack from: _____ Size: _____

(6) Casing / Liner

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	2.00	38.00	.250	S	X			
L	6.00	-10.00	470.00	.188	S	X			

(7) Perforation / Screens
 Perforations:

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Csng/ Lnr	Method
S	450.00	470.00	0.13	3.00	216	6.00		L	MACHINE

 Screens:

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

(8) Well Tests (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
A	20.00	G		470.00	1.00

Temperature of Water: **53 F**
 Was water analysis done? Depth of artesian flow: _____
 by whom? _____
 Did any strata contain water unsuitable for use? Too Little Salty
 Muddy Odor Colored other: _____
 Depth of strata: _____

(9) Location of Hole by legal description
 County: **DESC** Latitude: **44°2'46"** Longitude: **121°22'26"**
 Township: **18.00 S** Range: **11.00 E**
 Section: **2 NWNE** Lot: **3** Block: _____
 Tax Lot: **100** Subdivision: **CASCADE HIGHLANDS**
 Street Address of Well (or nearest address):
NON ASSIGNED LOT #3
 MAP, with location identified, must be attached.

(10) Static Water Level
 Feet below land surface: **380.0** Date: **08 / 11 / 2003**
 Artesian Pressure: _____ Date: _____

(11) Water Bearing Zones
 Depth at which water was first found: **440.00 ft.**

From	To	est Flow	swl
440.00	470.00	20.00	380

(12) Well Log Ground Elevation: **3820 ft.**

Material	From	To	swl
SAND PUMICE	0.00	3.00	
SANDSTONE	3.00	72.00	
PUMICE RED	72.00	93.00	
PUMICE BROWN	93.00	102.00	
SANDSTONE	102.00	167.00	
SANDSTONE BLACK	167.00	208.00	
SANDSTONE BROWN	208.00	227.00	
CONGLOMERATE	227.00	236.00	
BASALT BROKEN	236.00	242.00	
NO CIRC CREVICE	242.00	258.00	
HARD	258.00	262.00	
SOFT	262.00	282.00	
GRAVELS	282.00	310.00	
BASALT BROKEN	310.00	328.00	
BASALT HARD	328.00	347.00	
SANDSTONE BROWN	347.00	387.00	
CONGLOMERATE BROWN	387.00	396.00	
BASALT	396.00	416.00	
NO RETURNS SOFT	416.00	470.00	380
7 1/2 YARDS CEMENT	20.00	290.00	

 Date Started: **08 / 05 / 2003** Date Completed: **08 / 11 / 2003**

(unbonded) Water Well Constructor Certification:
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
 Signed by: **JACK ABBAS** WWC #: **1720**

(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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed by: **JACK ABBAS** WWC #: **1720**
ABBAS WELL DRILLING CO Phone: **541-548-2787**