

**WATER WELL REPORT**  
STATE OF OREGON

DESC  
4702

**DESC 4702 RECEIVED**  
**JUN 23 1983**  
**WATER RESOURCES DEPT.**  
**SALEM, OREGON**

State Well No. 17S-11E-15  
State Permit No. \_\_\_\_\_

**(1) OWNER:**  
Name Jack Hirsch  
Address 63330 Johnson  
City Bend, State Ore

**(2) TYPE OF WORK (check):**  
New Well  Deepening  Reconditioning  Abandon   
If abandonment, describe material and procedure in Item 12.

**TYPE OF WELL:** Rotary Air  Driven  Rotary Mud  Dug  Cable  Bored   
**(4) PROPOSED USE (check):** Domestic  Industrial  Municipal  Irrigation  Test Well  Other  Thermal: Withdrawal  ReInjection

**(5) CASING INSTALLED:** Steel  Plastic  Threaded  Welded   
8" Diam. from +1 ft. to 352 ft. Gauge .250"  
" Diam. from ..... ft. to ..... ft. Gauge .....

**LINER INSTALLED:**  
6" Diam. from +1 ft. to 328 ft. Gauge .188"

**(6) PERFORATIONS:** Perforated?  Yes  No  
Type of perforator used machine  
Size of perforations 1/8 in. by 3 in.  
342 perforations from 298 ft. to 328 ft.  
..... perforations from ..... ft. to ..... ft.  
..... perforations from ..... ft. to ..... ft.

**(7) SCREENS:** Well screen installed?  Yes  No  
Manufacturer's Name ..... Model No. ....  
Type ..... Slot Size ..... Set from ..... ft. to ..... ft.  
Diam. ..... Slot Size ..... Set from ..... ft. to ..... ft.

**WELL TESTS:** Drawdown is amount water level is lowered below static level  
Was a pump test made?  Yes  No If yes, by whom?  
Yield: ..... gal/min. with ..... ft. drawdown after ..... hrs.  
test 15 gal/min. with drill stem at 328 ft. 1 hrs.  
Bailer test ..... gal/min. with ..... ft. drawdown after ..... hrs.  
Artesian flow ..... g.p.m.  
Temperature of water 49 Depth artesian flow encountered ..... ft.

**(9) CONSTRUCTION:** Special standards: Yes  No   
Well seal—Material used cement  
Well sealed from land surface to 352 ft.  
Diameter of well bore to bottom of seal ..... 12 ..... in.  
Diameter of well bore below seal ..... 8 ..... in.  
Number of sacks of cement used in well seal 13 sacks  
How was cement grout placed? pumped from 352 to 0  
.....  
Was pump installed? NO Type ..... HP ..... Depth ..... ft.  
Was a drive shoe used?  Yes  No Plugs ..... Size: location ..... ft.  
Did any strata contain unusable water?  Yes  No  
Type of Water? ..... depth of strata .....  
Method of sealing strata off .....  
Was well gravel packed?  Yes  No Size of gravel: .....  
Gravel placed from ..... ft. to ..... ft.

**(10) LOCATION OF WELL:**  
County Deschutes Driller's well number .....  
" " " Section 15 T. 17SR 11E W.M.  
Tax Lot # 2710 Lot ..... Blk ..... Subdivision .....  
Address at well location: 63330 Johnson Rd  
Bend, Ore

**(11) WATER LEVEL: Completed well.**  
Depth at which water was first found 285 ft.  
Static level 284 ft. below land surface. Date 6/2/83  
Artesian pressure ..... lbs. per square inch. Date .....

**(12) WELL LOG:** Diameter of well below casing ..... 0  
Depth drilled 328 ft. Depth of completed well 328 ft.  
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
brn congl crse	0	8	
brkn basalt w/crse gravel (4 yds concrete 2-25)	8	28	
gray basalt	28	39	
no return brkn(2 yds 27-55)	39	52	
no return soft drilling (2 yds 20-76)	52	77	
tan congl	77	123	
lt brn pumice	123	196	
white pumice	196	239	
tan congl fine	239	252	
brn ss	252	261	
redish brn sand	261	268	
gray basalt brkn(WB @ 285)	268	316	284
gray basalt	316	328	

Work started 5/23 19 83 Completed 6/2 19 83  
Date well drilling machine moved off of well 6/2 19 83

**Drilling Machine Operator's Certification:**  
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.  
[Signed] John H. Johnson Date 6/2, 19 83  
(Drilling Machine Operator)  
Drilling Machine Operator's License No. 1039

**Water Well Contractor's Certification:**  
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.  
Name Johnson Well Drilling  
(Person, firm or corporation) (Type or print)  
Address 3626 NW Corner Redmond, Oregon 97756  
[Signed] John H. Johnson  
(Water Well Contractor)  
Contractor's License No. 595 Date 6/2, 19 83

**NOTICE TO WATER WELL CONTRACTOR**  
The original and first copy of this report

**WATER RESOURCES DEPARTMENT,**  
SALEM, OREGON 97310

SP\*12658-880

**RECEIVED**  
**WATER RESOURCES DEPT**  
**SALEM, OREGON**

T 11221

**DESC 4702**

**WELL IDENTIFICATION FORM**

Owner's Well Number: \_\_\_\_\_

**CURRENT WELL OWNER:**

Phone 541-388-4729

Name: Jack Hirsch and Lexie deFremery

Mailing Address: 63330 Johnson Road

City: Bend State: OR Zip: 97701

*If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.*

WATER RESOURCES DEPT.  
SALEM, OREGON

OCT 23 1996

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**WELL LOCATION:**

DESC 4702

County: \_\_\_\_\_ Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Township: \_\_\_\_\_ N or S, Range: \_\_\_\_\_ E or W Section: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4

Tax Lot Number: \_\_\_\_\_

Street Address of Well (if different from above): \_\_\_\_\_

**WELL INFORMATION:**

Start Card Number: \_\_\_\_\_ Approx. Construction Date: \_\_\_\_\_

Well Constructor: \_\_\_\_\_

Name of Owner at Time of Construction: \_\_\_\_\_

Well Depth (in feet): \_\_\_\_\_ Static Water Level (in feet): \_\_\_\_\_

Diameter of Exposed Well Casing (in inches): \_\_\_\_\_

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes:

Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Please Return Completed Form to: **Oregon Water Resources Department  
158 12th Street NE  
Salem, OR 97310**

(Office use only)

Well Identification Number: 10618

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WATER RESOURCES DEPT  
SALEM, OREGON

1 11221

WELL LABEL # L 97039  
 START CARD # 1009850

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name TIM Last Name GREEN  
 Company \_\_\_\_\_  
 Address 18686 BULL SPRINGS RD.  
 City BEND State OR Zip 97701

**(2) TYPE OF WORK**  New Well  Deepening  Conversion  
 Alteration (repair/recondition)  Abandonment

**(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 \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 400.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
14	0	18.5	Bentonite	0	18.5	15	S
10	18.5	400					

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 \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	1.5	18.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	0	400	.188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_

Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method Machined  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/Screen	Casing/Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/pipe size
		8	350	390	13	4	692	

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

Pump  Bailor  Air  Flowing Artesian

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

500		395	1
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Temperature 48 °F Lab analysis  Yes By \_\_\_\_\_

Water quality concerns?  Yes (describe below)

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 15 SW 1/4 of the NE 1/4 Tax Lot 2710  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

18686 BULL SPRINGS RD.

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	<u>04-15-2010</u>		<u>270</u>

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 354

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>04-15-2010</u>	<u>354</u>	<u>400</u>	<u>500</u>		<u>354</u>

**(11) WELL LOG**

Ground Elevation \_\_\_\_\_

Material	From	To
Top Soil and Gravel	0	10
Hard Grey Lava	10	36
Cinders and Broken Lava	36	45
Broken Lava	45	55
Hard Lava	55	65
Brown Tuff	65	137
Brown Pumice	137	202
Brown Tuff	202	270
Brown Sandstone	270	285
Coarse Gravels	285	325
Hard Grey Lava	325	342
Broken Lava	342	344
Red Cinders	344	365
Broken Lava	365	400

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WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 04-07-2010 Completed 04-15-2010

**(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 04-16-2010

Electronically Filed

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 1819 Date 04-16-2010

Electronically Filed

Signed JEFFREY R RANDALLS (E-filed)

Contact Info (optional)