

# Checklist for Claims of Beneficial Use Received at CSG Counter

|                                   |                             |
|-----------------------------------|-----------------------------|
| Application #                     | WRD Reviewer <i>Cony M.</i> |
| Transfer # <i>12108</i>           |                             |
| Date Received <i>4-19-2021</i>    |                             |
| CWRE Name <i>Scott Montgomery</i> |                             |

**Priority Date:** *10/28/1985*

## Fees Required:

YES NO A fee of \$200 must accompany this form for permits with priority dates of July 9, 1987, or later.

YES **(NO)** A fee of \$200 must accompany this form for any transfers including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

Fill in App  
or Transfer  
Number

## Map Review:

- ☒ Map on polyester film (OAR 690-014-0170(1) & 310-0050(1)(b))
- ☒ Application & permit #; or transfer # (OAR 690-014-0100(1))
- ☒ Disclaimer (OAR 690-014-0170(5))
- ☒ North arrow (OAR 690-310-0050(2)(c))
- ☒ CWRE stamp and signature (OAR 690-014 & 310-0050)
- ☒ Appropriate scale (1" = 1320', 1" = 400', or the original full-size scale of the county assessor map) (014 & 310)
- ☒ Township, range, section, and tax lot numbers (OAR 690-310-0050(4))

## Report Review:

- ☒ On form provided by the Department (OAR 690-014-0100(1))
- ☒ Application & permit #; or transfer # (OAR 690-014)
- ☒ Ownership information (OAR 690-014)
- ☒ Date of survey (OAR 690-014)
- ☒ Person interviewed (OAR 690-014)
- ☒ County (OAR 690-014)
- ☒ CWRE stamp and signature (OAR 690-014-0100)
- ☒ Signature(s) of all permittee of transfer holder (OAR 690-014-0100)

| MONEY SLIP                             |                          |                                   |                  |
|----------------------------------------|--------------------------|-----------------------------------|------------------|
| DATE:                                  |                          | RECEIPT #:                        |                  |
| RECEIVED FROM:                         |                          | APPLICATION<br>PERMIT<br>TRANSFER |                  |
| CASH                                   | CHECK #                  | OTHER (IDENTIFY)                  | TOTAL REC'D \$   |
| <input type="checkbox"/>               | <input type="checkbox"/> | <input type="checkbox"/>          |                  |
| 1063 TREASURY 4170 MISC CASH ACCT.     |                          |                                   |                  |
| 0407 COPIES                            | (IDENTIFY)               | \$                                |                  |
| 0407 OTHER                             | (IDENTIFY)               | \$                                |                  |
| 0243 Indiv. Lease                      |                          | 0244 Muni. Water Right Plan       | 0245 Cons. Water |
| 1063 TREASURY 4270 WRD OPERATING ACCT. |                          |                                   |                  |
| MISCELLANEOUS                          |                          |                                   |                  |
| 0407 COPY & TAPE FEES                  | <i>4611</i>              | \$                                |                  |
| 0410 RESEARCH FEES                     |                          | \$                                |                  |
| 0408 MISC REVENUE (IDENTIFY)           |                          | \$                                |                  |
| TC162 DEPOSIT LAB (IDENTIFY)           |                          | \$                                |                  |
| 0240 EXTENSION OF TIME                 |                          | \$                                |                  |
| WATER RIGHTS                           |                          | EXAM FEE                          | RECORD FEE       |
| 0201 SURFACE WATER                     | \$                       | 0202                              | \$               |
| 0203 GROUND WATER                      | \$                       | 0204                              | \$               |
| 0205 TRANSFER                          | \$                       |                                   |                  |
| WELL CONSTRUCTION                      |                          | EXAM FEE                          | RECORD FEE       |
| 0218 WELL DRILL CONSTRUCTOR            | \$                       | 0219                              | \$               |
| LANDOWNER'S PERMIT                     | \$                       | 0220                              | \$               |
| OTHER (IDENTIFY)                       | <i>COBU</i>              | <i>\$200.00</i>                   |                  |
| 0267 TREASURY 6487 HYDROELECTRIC       |                          |                                   |                  |
| 0223 POWER LICENSE FEE (FWWRD)         |                          | LIC NUMBER                        |                  |
| 0231 HYDRO LICENSE FEE (FWWRD)         |                          | \$                                |                  |
| HYDRO APPLICATION                      |                          | \$                                |                  |
| SPECIAL INSTRUCTIONS:                  |                          |                                   |                  |

☐ RETURN TO APPLICANT – LETTER ATTACHED

## Groundwater File Review: *N/A*

Pump Test Required? YES NO Pump Test Submitted? YES NO\*

\*If no, include pump test flyer w/acknowledgment letter

**CLAIM OF  
BENEFICIAL USE  
for Transfer New or Additional  
POA Only**



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem, Oregon 97301-1266  
(503) 986-0900  
[www.oregon.gov/OWRD](http://www.oregon.gov/OWRD)

**A fee of \$200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.**

**Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.**

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**A separate form shall be completed for each transfer.**

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:  
<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 8" of this form is intended to aid in the completion of this form and should not be submitted.\

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

**SECTION 1  
GENERAL INFORMATION**

**Type of Authorized Change**

This Claim is being submitted for a transfer where the only authorized change was a change in point(s) of appropriation or additional point(s) of appropriation, or a combination of both. **YES**  
*If additional changes were authorized, you will need to select a different form.*

**1. File Information**

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APPLICATION #

T-12108

## 2. Property Owner (current owner information)

|                                                  |                    |                                  |                                               |
|--------------------------------------------------|--------------------|----------------------------------|-----------------------------------------------|
| APPLICANT/BUSINESS NAME<br><b>Steven C Scott</b> |                    | PHONE NO.<br><b>541-429-1832</b> | ADDITIONAL CONTACT NO.<br><b>541-389-3772</b> |
| ADDRESS<br><b>62526 Ericksen Rd</b>              |                    |                                  |                                               |
| CITY<br><b>Bend</b>                              | STATE<br><b>OR</b> | ZIP<br><b>97701</b>              | E-MAIL<br><b>sureshotscott@gmail.com</b>      |

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each transfer holder of record must sign this form.***

## 3. Transfer holder of record (this may, or may not, be the current property owner)

|                                                   |       |     |
|---------------------------------------------------|-------|-----|
| TRANSFER HOLDER OF RECORD<br><b>Same as above</b> |       |     |
| ADDRESS                                           |       |     |
| CITY                                              | STATE | ZIP |

## 4. Date of Site Inspection:

3/9/2020 &amp; 12/15/20

## 5. Person(s) interviewed and description of their association with the project:

| NAME               | DATE              | ASSOCIATION WITH THE PROJECT |
|--------------------|-------------------|------------------------------|
| <b>Steve Scott</b> | <b>3/9/2020</b>   | <b>Owner</b>                 |
| <b>Steve Scott</b> | <b>12/15/2020</b> | <b>Owner</b>                 |

## 6. County:

Lake

## 7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

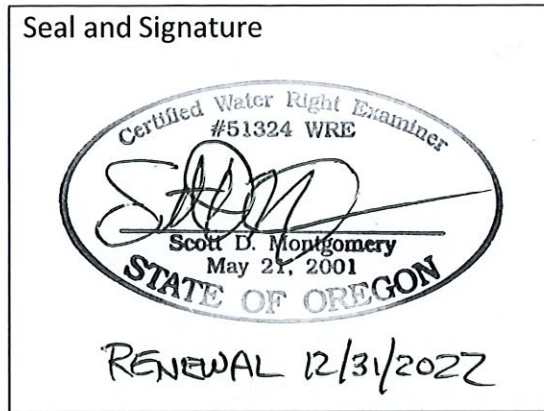
|                              |       |     |
|------------------------------|-------|-----|
| OWNER OF RECORD<br><b>NA</b> |       |     |
| ADDRESS                      |       |     |
| CITY                         | STATE | ZIP |

Add additional tables for owners of record as needed

## SECTION 2 SIGNATURES

### CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



|                                        |                    |                                  |                                               |
|----------------------------------------|--------------------|----------------------------------|-----------------------------------------------|
| CWRE NAME<br><b>Scott D Montgomery</b> |                    | PHONE NO.<br><b>541-548-5833</b> | ADDITIONAL CONTACT NO.<br><b>541-420-0401</b> |
| ADDRESS<br><b>PO Box 767</b>           |                    |                                  |                                               |
| CITY<br><b>Terrebonne</b>              | STATE<br><b>OR</b> | ZIP<br><b>97760</b>              | E-MAIL<br><b>scott@apeands.com</b>            |

### Transfer Holder of Record Signature or Acknowledgement

**Each** transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

| SIGNATURE | PRINT OR TYPE NAME    | TITLE        | DATE          |
|-----------|-----------------------|--------------|---------------|
|           | <b>Steven C Scott</b> | <b>Owner</b> | <b>4/8/21</b> |

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SECTION 3  
CLAIM DESCRIPTION

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**Note:** The Claim only needs to describe the new or additional point(s) of appropriation. This Claim does not need to provide information for the original point(s) of appropriation unless the original point of appropriation is either a new or additional point of appropriation on another right involved in this transfer.

**1. New or additional point of appropriation name or number:**

| POINT OF APPROPRIATION<br>(POA) NAME OR NUMBER<br>(CORRESPOND TO MAP) | WELL LOG ID # FOR ALL<br>WORK PERFORMED ON THE<br>WELL<br>(IF APPLICABLE) | WELL TAG #<br>(IF APPLICABLE) | SOURCE<br>(IF LISTED IN TRANSFER FINAL<br>ORDER) |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------|--------------------------------------------------|
| #4                                                                    | LAKE 52819                                                                | L127456                       | Summer Lake Basin                                |

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final?

YES

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

The order allowed two additional points of appropriation. The water user only developed one well.

**3. Claim Summary:**

| NEW OR ADDITIONAL POA<br>NAME OR # | MAXIMUM RATE<br>AUTHORIZED | CALCULATED THEORETICAL<br>RATE BASED ON SYSTEM | AMOUNT OF WATER MEASURED |
|------------------------------------|----------------------------|------------------------------------------------|--------------------------|
| #4                                 | 7.34 cfs*                  | 2.83 cfs                                       | 2.9 cfs                  |

**\*Total flow from Wells 1 - 4**

## SECTION 4

## SYSTEM DESCRIPTION

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Are there multiple new or additional Points of Appropriation (POA)?

NO

POA Name or Number this section describes (only needed if there is more than one):

#4 (LAKE 52819)

## A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

## 1. Pump Information

| MANUFACTURER | MODEL   | SERIAL NUMBER | TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE) | INTAKE SIZE | DISCHARGE SIZE |
|--------------|---------|---------------|--------------------------------------------|-------------|----------------|
| Cornell      | CONHZRH | Unk           | Centrifugal                                | 10"         | 8"             |

## 2. Motor Information

| MANUFACTURER | HORSEPOWER |
|--------------|------------|
| Cornell      | 12         |

## 3. Theoretical Pump Capacity

| HORSEPOWER | OPERATING PSI | LIFT FROM SOURCE TO PUMP<br>*If A WELL, THE WATER LEVEL<br>DURING PUMPING | LIFT FROM PUMP TO<br>PLACE OF USE | TOTAL PUMP<br>OUTPUT<br>(IN CFS) |
|------------|---------------|---------------------------------------------------------------------------|-----------------------------------|----------------------------------|
| 12         | 11            | 0'                                                                        | 0'                                | 2.83                             |

## 4. Provide pump calculations:

$$Q = \frac{6.61 \text{ ft}^3/\text{sec}/\text{hp} \times \text{hp}}{\text{Total head, ft}} = \frac{(6.61)(12)}{28} = 2.83 \text{ cfs}$$

Total head = 28'

## 5. Measured Pump Capacity (using meter if meter was present and system was operating)

| INITIAL METER READING | ENDING METER READING | DURATION OF TIME<br>OBSERVED | TOTAL PUMP OUTPUT<br>(IN CFS) |
|-----------------------|----------------------|------------------------------|-------------------------------|
| 4392 KGal             | 4405 KGal            | 10 min                       | 2.9                           |

## B. Groundwater Source Information (Well and Sump)

3. Is the appropriation from a dug well (sump)?

NO

**C. Additional notes or comments related to the system:**

**SECTION 5**  
**CONDITIONS**

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

**1. Time Limits:**

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

|                                     | DATE FROM TRANSFER | DATE THE NEW AND/OR ADDITIONAL POA(S) WERE READY FOR USE<br>*THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE<br>"COMPLETENESS DATE" |
|-------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| ISSUANCE DATE                       | 6/27/2016          |                                                                                                                                             |
| COMPLETENESS DATE<br>FROM ORDER (C) | 10/1/2022          | 12/15/2020                                                                                                                                  |

\* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

**2. Is there an extension final order(s)?**

**NO**

**3. Measurement Conditions:**

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device?

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**YES**

b. Has a meter been installed?

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**YES**

**c. Meter Information**

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| POA NAME<br>OR # | MANUFACTURER | SERIAL #     | CONDITION<br>(WORKING OR<br>NOT) | CURRENT METER<br>READING | DATE INSTALLED |
|------------------|--------------|--------------|----------------------------------|--------------------------|----------------|
| #1               | Seametrics   | 12203066     | Working                          | 2080 KGal                | 2018           |
| #2               | Seametrics   | 012019000862 | Working                          | 1570.94 KGal             | 2018           |
| #3               | Seametrics   | 11192221     | Working                          | 1700.218 KGal            | 2020           |
| #4               | Seametrics   | 11192222     | Working                          | 4405 KGal                | 2020           |

**4. Recording and reporting conditions**

a. Is the water user required to report the water use to the Department?

**NO**

**5. Other conditions required by the transfer final order or extension final order:**

- a. Were there special well construction standards? **YES**
- b. Was submittal of a ground water monitoring plan required? **NO**
- c. Other conditions? **YES**

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

**OWRD Well ID Tags have been attached to the wells. Well 4 has been sealed & cased into basalt layer according to well report LAKE 52819**

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## SECTION 6 ATTACHMENTS

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Provide a list of any additional documents you are attaching to this report:

| ATTACHMENT NAME    | DESCRIPTION                                                     |
|--------------------|-----------------------------------------------------------------|
| <b>Well logs</b>   | <b>LAKE 1447, LAKE 3028, LAKE 4021 &amp; LAKE 52819</b>         |
| <b>Site photos</b> | <b>Location &amp; time stamped pictures of wells and meters</b> |

## SECTION 7 CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on polyester film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

For the purpose of this Claim, the map identifying the location of the place of use does not require a new survey. The location of the place of use identified on the Claim map should be based on the original right of record at the time the transfer final order was issued. In transfers approved for additional points of appropriation, the original points must be identified the map based on the original right of record at the time the transfer final order was issued.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

**The wells & meters were tied to approximate boundaries using a Trimble GeoXT 6000 GIS data collector. Point data was processed into Statewide Lambert Projection using Trimble Pathfinder software. Locations were compared with aerial imagery for accuracy.**

## Map Checklist

Please be sure that the map you submit includes ALL the items listed below.

**(Reminder: Incomplete maps and/or claims may be returned.)**

- ☒ Map on polyester film
- ☒ Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- ☒ Township, Range, Section, Donation Land Claims, and Government Lots
- ☒ If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- ☐ Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- ☒ Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- ☐ Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.) **\*Not required for this type of Claim of Beneficial Use**
- ☒ Point(s) of diversion or appropriation (illustrated and coordinates)
- ☒ Tax lot boundaries and numbers
- ☐ Source illustrated if surface water
- ☒ Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- ☒ Application and permit number or transfer number
- ☒ North arrow
- ☒ Legend
- ☒ CWRE stamp and signature

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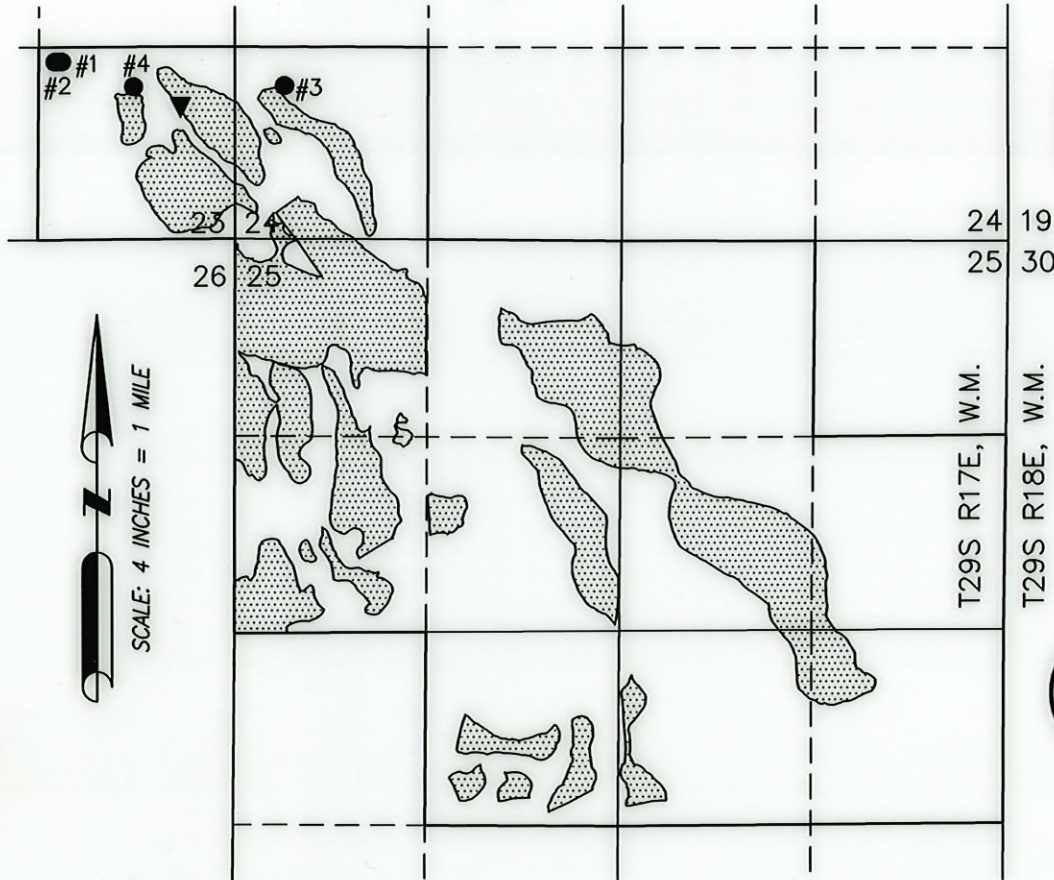
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# CLAIM OF BENEFICIAL USE MAP

TO ADD POINTS OF APPROPRIATION  
FOR T-12108  
STEVE C. SCOTT

SECTIONS 23, 24, & 25, TOWNSHIP 29 SOUTH, RANGE 17 EAST, W.M.  
TAX LOT: 700



THIS MAP IS FOR THE PURPOSE OF  
LOCATING A WATER RIGHT ONLY AND HAS  
NO INTENT TO PROVIDE LEGAL DIMENSIONS  
OR THE LOCATION OF PROPERTY LINES

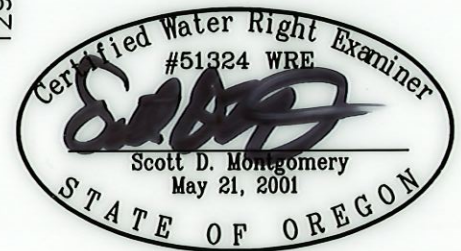
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PLACE OF USE PER CERTIFICATE  
#75981 (G-10580), AS SHOWN.



RENEWAL DATE: 12/31/2022

● #1 LAKE 1447

AUTHORIZED WELL IN THE SE 1/4 SE 1/4 SECTION  
23, LOCATED 1220 FEET NORTH AND 1190 FEET  
WEST FROM THE SE CORNER OF SECTION 23.

FLOW METER IS APPROXIMATELY 25 FEET EAST ALONG  
DELIVERY PIPE FROM WELL.

● #2 LAKE 3028

AUTHORIZED WELL IN THE SE 1/4 SE 1/4 SECTION 23.  
LOCATED 1220 FEET NORTH AND 1230 FEET WEST FROM  
THE SE CORNER OF SECTION 23.

FLOW METER IS APPROXIMATELY 5.0 FEET EAST ALONG  
DELIVERY PIPE FROM CENTER PIVOT.

● #3 LAKE 4021

AUTHORIZED WELL IN THE SW 1/4 SW 1/4 SECTION  
24, LOCATED 1050 FEET NORTH AND 340 FEET EAST  
FROM THE SW CORNER OF SECTION 24.

FLOW METER IS APPROXIMATELY 54 FEET SW'LY ALONG  
DELIVERY PIPE FROM WELL.

● #4 LAKE 52819

TRANSFER WELL IN THE SE 1/4 SE 1/4 SECTION 23.  
LOCATED 1045 FEET NORTH AND 695 FEET WEST FROM THE  
SE CORNER OF SECTION 23.

▼ FLOW METER IS LOCATED AT 43°02'15" N 120°39'53" W  
PER WGS84 PROJECTION

PREPARED FOR:

STEVE C. SCOTT  
62526 ERICKSON ROAD  
BEND, OR 97701

PREPARED BY:



ALL POINTS ENGINEERING AND SURVEYING, INC.  
P.O. BOX 767  
(541) 548-5833  
TERREBONNE, OR 97760  
www.APEandS.com



CORNELL

6NH 2 RH

002

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POA 2

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OREGON  
WATER RESOURCES DEPT  
WELL#  
L121022  
DO NOT REMOVE LABEL

09:08 09-03-2020

Lat: 43° 2' 16.42" N Lon: 120° 39' 59.94" W

POA 2



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ASTM D2665 ASTM D1785 "NSF@ pw-G-dwv" U.P. Code

8" SCH 40 DWV PVC1

09:10 09-03-2020

Lat: 43° 2' 16.42" N Lon: 120° 39' 59.67" W



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(503) 986-0900  
www.wrd.state.or.us

# Application for Well ID Number

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*Do not complete if the well already has a Well Identification Number.*

## I. OWNER INFORMATION

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Current Owner Name (please print): STEVE C. SCOTT  
Mailing Address: 62526 ERICKSON RD  
City, State, Zip: Bend, Ore 97701  
Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)  
Name & Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

## II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 29S (North South) Range: R 17 (East West) Section: 23  
Tax Lot: 700 County Lake SE 1/4 SE 1/4  
GPS Coordinates: 1220 ft N AND 1190 ft. W. from SE corner sec. 23  
Street Address of Well, City: Summerlake, Oregon 50705 Shuffield Rd 9764  
If the property had a different street address in the past: \_\_\_\_\_

## III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Fish Rearing; Wildlife Habitat  
Date Well Constructed (or property built): 1929 Total Well Depth: 352 Casing Diameter: 8"  
Owner at time the well was constructed (if known): WILSON  
Other Information: well # LAKE 1447

SUBMITTED BY (please print): STEVE SCOTT  
PHONE: 541-419-1032 EMAIL &/or FAX: Sureshot.scott3006@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-11-16

Well Log Number:

LAKE 1447

Well Identification #:

L-121022

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STATE ENGINEER  
Salem, Oregon

LAKE 1447

Well Record

STATE WELL NO. 29/17-23R(1)  
COUNTY Lake  
APPLICATION NO. U-11

OWNER: Desdamona Wixon

MAILING  
ADDRESS:

LOCATION OF WELL: Owner's No.

CITY AND  
STATE:

Summer Lake

SE  $\frac{1}{4}$  SE  $\frac{1}{4}$  Sec. 23 T. 29 N. S., R. 17 W., W.M.

Bearing and distance from section or subdivision

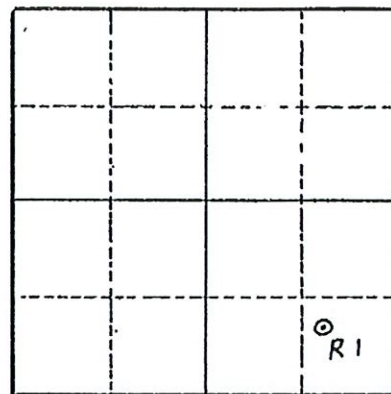
corner

Altitude at well 4314 USGS Report

TYPE OF WELL: drilled Date Constructed 1929

Depth drilled 352 Depth cased

CASING RECORD: 8 inch



Section 23

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FINISH:

AQUIFERS: Gravel, 345 to 352 ft.

WATER LEVEL:

PUMPING EQUIPMENT: Type H.P.  
Capacity G.P.M.

WELL TESTS:

Drawdown ft. after hours G.P.M.

Drawdown ft. after hours G.P.M.

USE OF WATER Irrigation Temp. 54 °F. - 11-29, 1949

SOURCE OF INFORMATION U-11 USGS Report, page 86

DRILLER or DIGGER C. E. Williams

ADDITIONAL DATA:

Log Water Level Measurements Chemical Analysis Aquifer Test

REMARKS: Hardness 20, chloride 3  
Flowing about 1000 gpm (estimated)

**STATE ENGINEER**  
**Salem, Oregon**

State Well No. 29/17-23R(1)  
County Lake  
Application No. U-11

## Owner: Desdamona Wixon Owner's No.

Driller: C. E. Williams Date Drilled 1929

[illegible]

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WATER RESOURCES DEPT

WELL #

L121022

DO NOT REMOVE LABEL

POA 1

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OWRD

WATER SURVEILLANCE  
WELL  
1121022  
WATER SURVEILLANCE

09:13 09-03-2020

Lat: 43° 2' 16.62" N Lon: 120° 40' 1.2" W

OUTLET P&A 1 NO METER LOWFLOW

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OWRD

09:17 09-03-2020

Lat: 43° 2' 16.11" N Lon: 120° 39' 59.28" W

OUTLET FGA 1.2.4

RECEIVED

APR 19 2021

OWRD

09:42 09-03-2020

Lat: 43° 2' 15.87" N Lon: 120° 39' 50.77" W



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(503) 986-0900  
www.wrd.state.or.us

LAKE 3028

# Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

## I. OWNER INFORMATION

Current Owner Name (please print): STEVE C. SCOTT  
Mailing Address: 62526 Erickson Rd  
City, State, Zip: Bend Ore 97701  
Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)  
Name & Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

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## II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 29 (North/South) Range: R17 (East/West) Section: 23  
Tax Lot: 700 County Lake SE 1/4 SE 1/4  
GPS Coordinates: 1120 ft N. & 1230 ft. W. from SE corner of Sec 23  
Street Address of Well, City: 50705 Shufield Rd, Summer Lake Ore. 97640  
If the property had a different street address in the past: \_\_\_\_\_

## III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Fish Rearing - wildlife habitat  
Date Well Constructed (or property built): 5-5-87 Total Well Depth: 35'4" Casing Diameter: 12"  
Owner at time the well was constructed (if known): SCOTT  
Other Information: LAKE 3028 " # | "

SUBMITTED BY (please print): STEVE SCOTT  
PHONE: 541-419-1832 EMAIL &/or FAX: Sumeshotscott3006@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-11-16

Well Log Number:

LAKE 3028

Well Identification #:

L-121021

RECEIVED BY OWRD

Last Update: 4/30/14

Well I.D. Number/2

WCC

JAN 11 2016

SALEM, OR

STATE OF OREGON  
WATER WELL REPORT  
(as required by ORS 537.765)

JUL 1 1988

LAKE 3028

295/17E-23d

(1) OWNER:

Name STEVE SCOTT  
Address 1208 N.E. FOURTH ST  
City BEND State ORE Zip 97701

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☐ Rotary Air ☐ Rotary Mud ☒ Cable  
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other FISH POND

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well 354 ft.  
Explosives used ☐ Yes ☒ No ☐ Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL     |      |     | Amount<br>sacks or pounds |
|----------|------|-----|----------|------|-----|---------------------------|
| Diameter | From | To  | Material | From | To  |                           |
| 16"      | 0    | 185 | CEMENT   | 0    | 185 | 2455                      |
| 12       | 185  | 354 |          |      |     |                           |

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

| Diameter    | From | To  | Gauge | Steel                               | Plastic                  | Welded                              | Threaded                 |
|-------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 12" | +2   | 885 | 250   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner:      |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Final location of shoe(s) 285

(7) PERFORATIONS/SCREENS:

|                                       |    | Method    |        | Material |                |
|---------------------------------------|----|-----------|--------|----------|----------------|
| <input type="checkbox"/> Perforations |    |           |        |          |                |
| <input type="checkbox"/> Screens      |    |           |        |          |                |
| From                                  | To | Slot size | Number | Diameter | Tele/pipe size |
|                                       |    |           |        |          |                |
|                                       |    |           |        |          |                |
|                                       |    |           |        |          |                |
|                                       |    |           |        |          |                |
|                                       |    |           |        |          |                |
|                                       |    |           |        |          |                |
|                                       |    |           |        |          |                |
|                                       |    |           |        |          |                |

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

| <input type="checkbox"/> Pump | <input type="checkbox"/> Bailer | <input type="checkbox"/> Air | <input checked="" type="checkbox"/> Flowing Artesian |
|-------------------------------|---------------------------------|------------------------------|------------------------------------------------------|
| Yield gal/min                 | Drawdown                        | Drill stem at                | Time                                                 |
| 350                           |                                 |                              | 1 hr.                                                |

Temperature of water 55 Depth Artesian Flow Found 185

Was a water analysis done? ☐ Yes By whom \_\_\_\_\_

Did any strata contain water not suitable for intended use? ☒ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other \_\_\_\_\_

Depth of strata: 6-58 FT.

(9) LOCATION OF WELL by legal description:

County LAKE Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 29 N or S Range 17 E or W, WM.  
Section 23 SE  $\frac{1}{4}$  SE  $\frac{1}{4}$   
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SUMMER LAKE

(10) STATIC WATER LEVEL:

\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure 6 lb. per square inch. Date 5-6-87

(11) WATER BEARING ZONES:

Depth at which water was first found 6 FT

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 6    | 58  |                     | +1  |
| 185  | 188 | 5 G.P.M             | +2  |
| 352  | 354 | 350 G.P.M           | +2  |

(12) WELL LOG:

| Material              | From | To  | SWL |
|-----------------------|------|-----|-----|
| SOIL, BROWN-SANDY     | 0    | 6   |     |
| SAND, FINE-BLACK      | 6    | 58  | +1  |
| CLAY, GREEN           | 58   | 185 | +2  |
| SAND, FINE-BLACK      | 185  | 188 | +2  |
| CLAY, TAN             | 188  | 280 | +2  |
| LAVA, RED             | 280  | 295 | +2  |
| CLAY-TAN              | 295  | 310 | +2  |
| LAVA-BROWN            | 310  | 352 | +2  |
| BOULDERS, LAVA, LARGE | 352  | 354 | +2  |

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Date started 3-15-87 Completed 5-5-87

(unbonded) Water Well Constructor Certification:

I certify that the work I performed 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 my best knowledge and belief.

WVC Number \_\_\_\_\_  
Signed \_\_\_\_\_ Date \_\_\_\_\_

(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.

WVC Number 1362  
Signed Frederick B. Baker Date 6-29-88



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(503) 986-0900  
www.oregon.gov/owrd

# Application for Well ID Number

**Do not complete if the well already has a Well Identification Number.**

## I. OWNER INFORMATION

Current Owner Name (please print): STEVE SCOTT  
Mailing Address: 62526 Erickson Rd. Box One 97701  
City, State, Zip: Red, One 97701  
Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)  
Name & Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

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OWRD

## II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 29 (North ~~(South)~~) Range: R17 (~~East~~ West) Section: 24 1/4 of the \_\_\_\_\_ 1/4  
Tax Lot (usually last 3-5 numbers of Tax Map #): 700 County Lake  
GPS Coordinates: 1050 ft N and 340 Ft. East from SW corner of Sec 22 (23)  
Street Address of Well, City: 50705 Shuffield Rd, Summer Lake, One 97640  
If the property had a different street address in the past: \_\_\_\_\_

## III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Fish Rearing and Wildlife Habitat  
Date Well Constructed (or property built): 6-17-90 Total Well Depth: 380 Casing Diameter: 8"  
Owner at time the well was constructed (if known): Steve Scott Well Report # (if known): Lake 4021  
Other Information: Lost tag off well Previous # was L-121023 \*

SUBMITTED BY (please print): STEVE SCOTT  
PHONE: 541-419-1832 EMAIL &/or FAX: Sureshotscott3006@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.  
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

L-121023 LOST \*Replacement

For Official Use Only by the Oregon Water Resources Department:

Received Date:

3-12-2020

Well Report Number:

LAKE 4021

Well Identification #:

L-137424

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OREGON

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APR 19 2021

OWRD

WATER RESOURCES DEPT

WELL #

L137424

DO NOT REMOVE LABEL

STATE OF OREGON  
WATER WELL REPORT  
(as required by ORS 537.765)

LAKE 4021

LAKE  
4021

29S/17E/24cc

(START CARD) #

19900

(1) OWNER:

Name STEVE SCOTT Well Number: \_\_\_\_\_  
Address 674 LONES LN OR PO BOX 446  
City ASAP State OR Zip 97709

(2) TYPE OF WORK:

☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable  
☐ Other \_\_\_\_\_

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☐ Irrigation  
☐ Thermal ☐ Injection ☐ Other MULIPLE HABITAT

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes ☐ No ☒ Depth of Completed Well \_\_\_\_\_ ft.  
Explosives used Yes ☐ No ☒ Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |         | SEAL     |         | Amount          |  |
|----------|---------|----------|---------|-----------------|--|
| Diameter | From To | Material | From To | sacks or pounds |  |
| 12"      | 0-310   | Cement   | 5-210   | 179             |  |
| 8"       | 310-380 |          |         |                 |  |

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E  
☐ Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

|         | Diameter | From | To  | Gauge | Steel                               | Plastic                  | Welded                              | Threaded                 |
|---------|----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: | 8"       | 5-   | 310 | 150   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|         |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Liner:  |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
|         |          |      |     |       | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

☐ Perforations Method \_\_\_\_\_  
☐ Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------------|--------------------------|--------------------------|
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |                | <input type="checkbox"/> | <input type="checkbox"/> |

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

☐ Pump ☐ Bailer ☐ Air ☒ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
| 2200          | 500 GPM  |               | 1 hr. |

Temperature of water 58 Depth Artesian Flow Found 350

Was a water analysis done? ☐ Yes By whom \_\_\_\_\_

Did any strata contain water not suitable for intended use? ☐ Too little

☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other \_\_\_\_\_

Depth of strata: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:

County LAKE Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 29S Nor S, Range 17E E or W, WM.  
Section 34 SW 1/4 SW 1/4  
Tax Lot 39-171-L-700 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) RT 216-A

(10) STATIC WATER LEVEL:

\_\_\_\_\_ ft. below land surface. Date 5-17-90  
Artesian pressure 5 lb. per square inch. Date 5-17-90

(11) WATER BEARING ZONES:

| Depth at which water was first found <u>18 ft</u> |  | From | To | Estimated Flow Rate | SWL  |
|---------------------------------------------------|--|------|----|---------------------|------|
|                                                   |  | 18   | 30 | 5 GPM               | 260W |

(12) WELL LOG:

| Material                | From | To  | SWL |
|-------------------------|------|-----|-----|
| <del>BROWN CLAY</del>   |      |     |     |
| BROWN CLAY SILK         | 0    | 5   |     |
| BROWN CLAY SAND         | 5    | 26  |     |
| BROWN STONE SAND        | 26   | 37  |     |
| BROWN LAVA ROCK         | 37   | 202 |     |
| WHITE STONE             | 202  | 330 |     |
| BROWN CLAYERS           | 330  | 330 |     |
| BROWN LAVA ROCK BROKEN  | 330  | 380 | N.B |
| 8 in. hole under casing |      |     |     |

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APR 19 2021

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OWRD

JUL 20 1990

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 5-9-90 Completed 6-17-90

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well constructor standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(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.

WWC Number 576

Signed mel Search Date 6-15-90

(3)

LAKE 4021



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(503) 986-0900  
www.wrd.state.or.us

# Application for Well ID Number

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Do not complete if the well already has a Well Identification Number.

## I. OWNER INFORMATION

Current Owner Name (please print): STEVE SCOTT  
Mailing Address: 62526 Erickson Rd., Bend, Ore 97701  
City, State, Zip: Bend, Ore 97701  
Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)  
Name & Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

## II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 29 (North/South) Range: R17 (East/West) Section: 24  
Tax Lot: 700 County: SW 1/4 SW 1/4  
GPS Coordinates: 1050 ft N and 340 ft E from SE corner of Sec 27  
Street Address of Well, City: 50705 Shuffield Rd, Summerlake, Ore 97640  
If the property had a different street address in the past: \_\_\_\_\_

## III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Fish Rearing and Wildlife Habitat  
Date Well Constructed (or property built): 6-17-90 Total Well Depth: 380 Casing Diameter: 8"  
Owner at time the well was constructed (if known): Steve Scott  
Other Information: well # 4021

SUBMITTED BY (please print): Steve Scott  
PHONE: 541-419-1832 EMAIL &/or FAX: suneshotscott3006@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-11-16

Well Log Number:

LAKE 4021

Well Identification #:

L-121023

LOST!

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Last Update: 4/30/14

JAN 11 2016

Well I.D. Number/2

REPL: L-137424 WCC

POA 3

RECEIVED  
APR 19 2021  
OWRD

08:57 09-03-2020

Lat: 43° 2' 15.95" N Lon: 120° 39' 38.66" W

## POA 3 BOOSTER

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APR 19 2024

OWRD

A photograph of a metal nameplate for 'CONNELL PUMP CO.' The nameplate is rectangular with rounded corners and a dark, possibly black or dark brown, background. The text 'CONNELL PUMP CO.' is printed in a bold, sans-serif font at the top. Below this, in a smaller font, is 'FARMING, OHIO, U.S.A.'. The lower half of the nameplate is a lighter, metallic color, likely brass or aluminum, and is divided into several horizontal sections by thin lines, suggesting it was once engraved with a name and address. The nameplate is mounted on a light-colored, textured surface, possibly wood or concrete, with four small, dark, circular fasteners or rivets at the corners.



**BALDOR • RELIANCE**  
INDUSTRIAL MOTOR

[illegible]

08:59 09-03-2020

**Lat: 43° 2' 16.2" N Lon: 120° 39' 38.71" W**

FO4-3



09:02 09-03-2020

Lat: 43° 2' 15.71" N Lon: 120° 39' 39.30" W

3

LAKE 4021



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(503) 986-0900  
www.wrd.state.or.us

# Application for Well ID Number

*Do not complete if the well already has a Well Identification Number.*

## I. OWNER INFORMATION

Current Owner Name (please print): STEVE SCOTT  
Mailing Address: 62526 Erickson Rd, Bend, Ore 97701  
City, State, Zip: Bend, Ore 97701  
Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)  
Name & Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

RECEIVED

APR 19 2021

## II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 29 (North/South) Range: R17 (East/West) Section: 24  
Tax Lot: 700 County: SW 1/4 SW 1/4  
GPS Coordinates: 1050 ft N and 340 ft E from SE corner of Sec 27  
Street Address of Well, City: 50705 Shuffield Rd, Summerlake, Ore 97640  
If the property had a different street address in the past: \_\_\_\_\_

OWRD

## III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Fish Rearing and Wildlife Habitat  
Date Well Constructed (or property built): 6-17-90 Total Well Depth: 380 Casing Diameter: 8"  
Owner at time the well was constructed (if known): Steve Scott  
Other Information: well # 4021

SUBMITTED BY (please print): Steve Scott  
PHONE: 541-419-1832 EMAIL &/or FAX: Sureshotscott3006@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-11-16

Well Log Number:

LAKE 4021

Well Identification #:

L-121023

RECEIVED BY OWRD



OREGON

WATER RESOURCES DEPT

WELL#

RECEIVED

APR 19 2021

OWRD

L121023

DO NOT REMOVE LABEL

POA 4

08:47 09-03-2020

Lat: 43° 2' 14.88" N Lon: 120° 39' 53.15" W

POA 4



08:50 09-03-2020

Lat: 43° 2' 13.57" N Lon: 120° 39' 48.94" W

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

LAKE 52819

ELL ID. LABEL# 127436  
START CARD # 212644  
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_  
First Name Steve Last Name Scott  
Company \_\_\_\_\_  
Address 62526 E 1st St  
City Bend State OR Zip 97701

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion  
☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia. + From To Gauge Std. Plstc Wld Thrd  
Material From To Amt sacks/lbs  
Seal: \_\_\_\_\_

(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

Depth of Completed Well 720 ft. Special Standard ☐ (Attach copy)

BORE HOLE SEAL  
Dia. From To Material From To Amt (sacks) lbs  
16" 0 375 Cement 0 375 200  
10" 375 720 Calculated 125

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E  
☐ Other \_\_\_\_\_

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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing Liner Dia. + From To Gauge Std. Plstc Wld Thrd  
☒ ☐ 10" 1 375 375 ☒ ☐ ☒ ☐

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

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

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_  
Perf/S Casing/ Screen Dia. From To Screen slot Slot # of Tele/ pipe size  
green Liner Dia. From To  
APR 12 2018  
OWRD

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Dull stem Pump depth Duration (hr)  
3000 gpm 720 4hr

Temperature 60° F Lab analysis ☐ Yes By \_\_\_\_\_

Water quality concerns? ☐ Yes (describe below) TDS amount 380

From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County Lane Twp 29 N/S Range 17 E/W WM  
Sec 24 54 1/4 of the SW 1/4 Tax Lot 600  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
☐ Street address of well ☐ Nearest address

(10) STATIC WATER LEVEL

Date 8-16-18 SWL (psi) 4.5 + SWL (ft) \_\_\_\_\_  
Existing Well / Pre-Alteration \_\_\_\_\_  
Completed Well \_\_\_\_\_  
Flowing Artesian? ☒ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 21'  
SWL Date From To Est Flow SWL (psi) + SWL (ft)  
1-20-18 21' 1000 11'  
2-15-18 350 350 1000 12'  
3-16-18 700 720 3000 12'

(11) WELL LOG

Ground Elevation \_\_\_\_\_  
Material From To  
TOP Soil 0 2  
Brown clay 2 15  
Blue clay 15 65  
Black sand and clay 65 130  
Brownish red clay 130 167  
Blue clay 167 287  
Gray Basalt 287 375  
Red hard rock 375 396  
Black hard rock 396 445  
Red hard rock 445 513  
Blackish red hard rock 513 612  
Red hard rock 612 693  
Red chert 693 712  
Black hard rock 712 720

Date Started 11-23-18 Completed 3-13-18

(unbonded) Water Well Constructor Certification

I certify that the work was done in accordance 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 \_\_\_\_\_ Date APR 19 2021 DEC 12 2018

Signed \_\_\_\_\_

(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 1654 Date 4-9-18

Signed \_\_\_\_\_

Contact Info (optional) \_\_\_\_\_

RECEIVED

APR 19 2021

OWRD

OREGON  
WATER RESOURCES DEPT  
WELL#  
L 127456  
DO NOT REMOVE LABEL