


Application for Permanent Water Right Transfer

Part 1 of 5 – Minimum Requirements Checklist

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



This transfer application will be returned if Parts 1 through 5 and all required attachments are not completed and included.
 For questions, please call (503) 986-0900, and ask for Transfer Section.

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Check all items included with this application. (N/A = Not Applicable)

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- Part 1 – Completed Minimum Requirements Checklist.
- Part 2 – Completed Transfer Application Map Checklist.
- Part 3 – Application Fee, payable by check to the Oregon Water Resources Department, and completed Fee Worksheet, page 3. Try the new online fee calculator at: http://apps.wrd.state.or.us/apps/misc/wrd_fee_calculator. If you have questions, call Customer Service at (503) 986-0801. **Check enclosed in amount of \$3,270**
- Part 4 – Completed Applicant Information and Signature.
- Part 5 – Information about Water Rights to be Transferred: **How many water rights are to be transferred? 2 List them here: Cert. 85412, Cert. 85559 (Attachment A)**
 Please include a separate Part 5 for each water right. (See instructions on page 6)

Attachments:

- Completed Transfer Application Map. **(Attachment B)**
- Completed Evidence of Use Affidavit and supporting documentation. **(Attachment C)**
- N/A Affidavit(s) of Consent from Landowner(s) (if the applicant does not own the land the water right is on.)
- N/A Supplemental Form D – For water rights served by or issued in the name of an irrigation district. Complete when the transfer applicant is not the irrigation district.
- N/A Oregon Water Resources Department’s Land Use Information Form with approval and signature (or signed land use form receipt stub) from each local land use authority in which water is to be diverted, conveyed, and/or used. Not required if water is to be diverted, conveyed, and/or used only on federal lands or if **all** of the following apply: a) a change in place of use only, b) no structural changes, c) the use of water is for irrigation only, and d) the use is located within an irrigation district or an exclusive farm use zone. **(Attachment D)**
- N/A Water Well Report/Well Log for changes in point(s) of appropriation (well(s)) or additional point(s) of appropriation. **(Attachment E)**
- N/A Geologist Report for a change from a surface water point of diversion to a ground water point of appropriation (well), if the proposed well is more than 500’ from the surface water source and more than 1000’ upstream or downstream from the point of diversion. See OAR 690-380-2130 for requirements and applicability.

(For Staff Use Only)

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

<input type="checkbox"/> Application fee not enclosed/insufficient	<input type="checkbox"/> Map not included or incomplete
<input type="checkbox"/> Land Use Form not enclosed or incomplete	<input type="checkbox"/> Evidence of Use Form not enclosed or incomplete
<input type="checkbox"/> Additional signature(s) required	<input type="checkbox"/> Part _____ is incomplete

Other/Explanation _____

Staff: _____ 503-986-0_____ Date: ____/____/____

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Part 2 of 5 – Transfer Application Map

Your transfer application will be returned if any of the map requirements listed below are not met.

CWRD

Please be sure that the transfer application map you submit includes all the required items and matches the existing water right map. Check all boxes that apply.

- N/A Certified Water Right Examiner (CWRE) Stamp and Original Signature. For a list of CWREs, see http://apps.wrd.state.or.us/apps/wr/cwre_license_view/. CWRE stamp and signature are not required for substitutions.
- N/A If **more than three** water rights are involved, separate maps are needed for each water right.
- Permanent quality printed with dark ink on good quality paper.
- The size of the map can be 8½ x 11 inches, 8½ x 14 inches, 11 x 17 inches, or up to 30 x 30 inches. For 30 x 30 inch maps, one extra copy is required.
- A north arrow, a legend, and scale.
- The scale of the map must be: 1 inch = 400 feet, 1 inch = 1,320 feet, the scale of the Final Proof/Claim of Beneficial Use Map (the map used when the permit was certificated), the scale of the county assessor map if the scale is not smaller than 1 inch = 1,320 feet, or a scale that has been pre-approved by the Department.
- Township, Range, Section, ¼ ¼, DLC, Government Lot, and other recognized public land survey lines.
- Tax lot boundaries (property lines) are required. Tax lot numbers are recommended.
- Major physical features including rivers and creeks showing direction of flow, lakes and reservoirs, roads, and railroads.
- Major water delivery system features from the point(s) of diversion/appropriation such as main pipelines, canals, and ditches.
- Existing place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions. If less than the entirety of the water right is being changed, a separate hachuring is needed for lands left unchanged.
- N/A Proposed place of use that includes separate hachuring for each water right, priority date, and use including number of acres in each quarter-quarter section, government lot, or in each quarter-quarter section as projected within government lots, donation land claims, or other recognized public land survey subdivisions.
- Existing point(s) of diversion or well(s) with distance and bearing or coordinates from a recognized survey corner. This information can be found in your water right certificate or permit.
- N/A If you are proposing a change in point(s) of diversion or well(s), show the proposed location and label it clearly with distance and bearing or coordinates. If GPS coordinates are used, latitude-longitude coordinates may be expressed as either degrees-minutes-seconds with at least one digit after the decimal (example – 42°32'15.5") or degrees-decimal with five or more digits after the decimal (example – 42.53764°).

Part 4 of 5 – Applicant Information and Signature

Applicant Information

APPLICANT/BUSINESS NAME City of Bend, ATTN: Patrick Griffiths		PHONE NO. 541-317-3008	ADDITIONAL CONTACT NO. OWRD
ADDRESS 62975 Boyd Acres Road			FAX NO.
CITY Bend	STATE OR	ZIP 97701	E-MAIL pgriffiths@bendoregon.gov
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Agent Information – The agent is authorized to represent the applicant in all matters relating to this application.

AGENT/BUSINESS NAME GSI Water Solutions, Inc. ATTN: Owen McMurtrey		PHONE NO. 541-740-5619	ADDITIONAL CONTACT NO.
ADDRESS 1600 SW Western Boulevard, Suite 240			FAX NO.
CITY Corvallis	STATE OR	ZIP 97333	E-MAIL OMcMurtrey@gsiws.com
BY PROVIDING AN E-MAIL ADDRESS, CONSENT IS GIVEN TO RECEIVE ALL CORRESPONDENCE FROM THE DEPARTMENT ELECTRONICALLY. COPIES OF THE FINAL ORDER DOCUMENTS WILL ALSO BE MAILED.			

Explain in your own words what you propose to accomplish with this transfer application, and why:
The Applicant is proposing to add three wells (Bear Creek Well 1, Outback Well 4, and Outback Well 7) to Certificates 85412 and 85559 as additional authorized points of appropriation.

If you need additional space, continue on a separate piece of paper and attach to the application as "Attachment 1".

Check One Box

- By signing this application, I understand that, upon receipt of the draft preliminary determination and prior to Department approval of the transfer, I will be required to provide landownership information and evidence that I am authorized to pursue the transfer as identified in OAR 690-380-4010(5); **OR**
- I affirm the applicant is a municipality as defined in ORS 540.510(3)(b) and that the right is in the name of the municipality or a predecessor; **OR**
- I affirm the applicant is an entity with the authority to condemn property and is acquiring by condemnation the property to which the water right proposed for transfer is appurtenant and have supporting documentation.

By my signature below, I confirm that I understand:

- Prior to Department approval of the transfer application, I may be required to submit payment to the Department for publication of a notice in a newspaper with general circulation in the area where the water right is located, once per week for two consecutive weeks. If more than one qualifying newspaper is available, I suggest publishing the notice in the following newspaper: **The Bend Bulletin.**
- Amendments to the application may only be made in response to the Department's Draft Preliminary Determination (DPD). The applicant will have a period of at least 30 days to amend the application to address any issues identified by the Department in the DPD, or to withdraw the application. Note that amendments may be subject to additional fees, pursuant to ORS 536.050.
- Failure to complete an approved change in place of use and/or change in character of use, will result in loss of the water right (OAR 690-380-6010).

I (we) affirm that the information contained in this application is true and accurate.




 Applicant signature

Patrick Griffiths, Water Resources Manager
 Print Name (and Title if applicable)

8/19/21
 Date

 Applicant signature

 Print Name (and Title if applicable)

 Date

Is the applicant the sole owner of the land on which the water right, or portion thereof, proposed for transfer is located? Yes No **-N/A, the Applicant is a municipality and is proposing to make changes to municipal use water rights.**

Check the following boxes that apply:

- The applicant is responsible for completion of change(s). Notices and correspondence should continue to be sent to the applicant.
- The receiving landowner will be responsible for completing the proposed change(s) after the final order is issued. Copies of notices and correspondence should be sent to this landowner.
- Both the receiving landowner and applicant will be responsible for completion of change(s). Copies of notices and correspondence should be sent to this landowner and the applicant.

At this time, are the lands in this transfer application in the process of being sold? Yes No **N/A - The Applicant is a municipality.**

If YES, and you know who the new landowner will be, please complete the receiving landowner information table below. If you do not know who the new landowner will be, then a request for assignment will have to be filed for at a later date.

If a property sells, the certificated water right(s) located on the land belong to the new owner, unless a sale agreement or other document states otherwise. For more information see: https://www.oregon.gov/owrd/WRDFormsPDF/Transfer_Property_Transactions.pdf

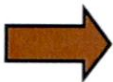
RECEIVING LANDOWNER NAME N/A			PHONE NO.	ADDITIONAL CONTACT NO.
ADDRESS				FAX NO.
CITY	STATE	ZIP	E-MAIL	

- Check here if any of the water rights proposed for transfer are or will be located within or served by an irrigation or other water district. (**Tip: Complete and attach Supplemental Form D.**) **N/A – The POAs that the City is proposing to add to Certificates 85412 and 85559 are not located within the service area of any irrigation districts.**

IRRIGATION DISTRICT NAME N/A	ADDRESS	
CITY	STATE	ZIP

- Check here if water for any of the rights supplied under a water service agreement or other contract for stored water with a federal agency or other entity.

ENTITY NAME N/A	ADDRESS	
CITY	STATE	ZIP



To meet State Land Use Consistency Requirements, you must list all county, city, municipal corporation, or tribal governments within whose jurisdiction water will be diverted, conveyed or used.

ENTITY NAME City of Bend	ADDRESS 710 NW Wall St.	
CITY Bend	STATE OR	ZIP 97703

ENTITY NAME Deschutes County Planning	ADDRESS 117 NW Lafayette Avenue	
CITY Bend	STATE OR	ZIP 97701

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Part 5 of 5 – Water Right Information

CERTIFICATE # 85412

Description of Water Delivery System

System capacity: 12.03 cubic feet per second (cfs) (7.57 cfs under this right) OR
 _____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is currently pumped from 4 wells using line shaft turbine pumps and conveyed to the City of Bend's Service Area through a system of closed pipes.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼ ¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
River Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 5577	18 S	12 E	5	SW NW	1100	South 58 degrees 04 minutes 01 second East, 3007.14 feet from the NW Corner of the NE ¼ of the NE ¼, Section 6
River Well 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 5578	18 S	12 E	5	SW NW	0900	1420 feet South and 950 feet East from the NW Corner, Section 5
Copperstone Well	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 1653	17 S	11 E	25	SW NE	1300	North 5 degrees 55 minutes 14 seconds East, 1209.8 feet from the SW Corner of the NE ¼, Section 25
Pilot Butte Well 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 8499	17 S	12 E	33	NE NE	0102	200 feet North and 400 feet East from SW Corner of the NE ¼ of the NE ¼, Section 33
Bear Creek Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 51943	17 S	12 E	33	SE SE	0102	North 40 degrees 59 minutes 46 seconds West, 1074.4 feet from SE Corner, Section 33
Outback Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 54252	17 S	11 E	34	SW SE	0800	North 77 degrees 01 minute 13 seconds West, 2592.7 feet from SE Corner, Section 34
Outback Well 7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 57760	18 S	11 E	3	NE NW	0800	South 85 degrees 37 minutes 0.5 seconds West, 327.9 feet from the NE Corner of the NW Quarter, Section 3

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- | | |
|---|--|
| <input type="checkbox"/> Place of Use (POU) | <input type="checkbox"/> Supplemental Use to Primary Use (S to P) |
| <input type="checkbox"/> Character of Use (USE) | <input type="checkbox"/> Point of Appropriation/Well (POA) |
| <input type="checkbox"/> Point of Diversion (POD) | <input checked="" type="checkbox"/> Additional Point of Appropriation (APOA) |
| <input type="checkbox"/> Additional Point of Diversion (APOD) | <input type="checkbox"/> Substitution (SUB) |
| <input type="checkbox"/> Surface Water POD to Ground Water
POA (SW/GW) | <input type="checkbox"/> Government Action POD (GOV) |

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? Yes No **N/A – Certificate 85412 is for municipal use so "layering" does not apply.**

If YES, list the certificate, water use permit, or ground water registration numbers: _____.



Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation) **N/A**

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

For a change from Supplemental Irrigation Use to Primary Irrigation Use N/A

Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map. **(see Attachment E)**

Tip: You may search for well logs on the Department's web page at:
http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well -spe rate (cfs gpm). If less than full r of water r

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Part 5 of 5 – Water Right Information

CERTIFICATE # 85559

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Description of Water Delivery System

System capacity: 5.24 cubic feet per second (cfs) (4.16 cfs under this right) OR _____ gallons per minute (gpm)

Describe the current water delivery system or the system that was in place at some time within the last five years. Include information on the pumps, canals, pipelines, and sprinklers used to divert, convey, and apply the water at the authorized place of use. **Water is currently pumped from 3 wells using line shaft turbine pumps and conveyed to the place of use through a system of closed pipes.**

Table 1. Location of Authorized and Proposed Point(s) of Diversion (POD) or Appropriation (POA)

(Note: If the POD/POA name is not specified on the certificate, assign it a name or number here.)

POD/POA Name or Number	Is this POD/POA Authorized on the Certificate or is it Proposed?	If POA, OWRD Well Log ID# (or Well ID Tag # L-___)	Twp	Rng	Sec	¼	¼	Tax Lot, DLC or Gov't Lot	Measured Distances (from a recognized survey corner)
Rock Bluff 1	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 9180	18 S	12 E	7	NW	SE	0100	543 feet South and 1000 feet East from C1/4 Corner, Section 7
Rock Bluff 2	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 1738	18 S	12 E	7	NW	SE	0100	543 feet South and 779 feet East from C1/4 Corner, Section 7
Rock Bluff 3	<input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Proposed	DESC 9997	18 S	12 E	7	NW	SE	0100	539 feet South and 1234 feet East from C1/4 Corner, Section 7
Bear Creek Well 1	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 51943	17 S	12 E	33	SE	SE	0102	North 40 degrees 59 minutes 46 seconds West, 1074.4 feet from SE Corner, Section 33
Outback Well 4	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 54252	17 S	11 E	34	SW	SE	0800	North 77 degrees 1 minute 13 seconds West, 2592.7 feet from SE Corner, Section 34
Outback Well 7	<input type="checkbox"/> Authorized <input checked="" type="checkbox"/> Proposed	DESC 57760	18 S	11 E	3	NE	NW	0800	South 85 degrees 37 minutes 0.5 seconds West, 327.9 feet NE Corner of the NW Quarter, Section 3

Check all type(s) of change(s) proposed below (change "CODES" are provided in parentheses):

- Place of Use (POU)
- Character of Use (USE)
- Point of Diversion (POD)
- Additional Point of Diversion (APOD)
- Supplemental Use to Primary Use (S to P)
- Point of Appropriation/Well (POA)
- Additional Point of Appropriation (APOA)
- Substitution (SUB)

- Surface Water POD to Ground Water POA (SW/GW) Government Action POD (GOV)

Will all of the proposed changes affect the entire water right?

- Yes Complete only the Proposed ("to" or "on" lands) section of Table 2 on the next page. Use the "CODES" listed above to describe the proposed changes.
- No Complete all of Table 2 to describe the portion of the water right to be changed.

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Please use and attach additional pages of Table 2 as needed.
See page 6 for instructions.

Do you have questions about how to fill-out the tables?
Contact the Department at 503-986-0900 and ask for Transfer Staff.

Table 2. Description of Changes to Water Right Certificate # 85559

List the change proposed for the acreage in each ¼ ¼. If more than one change is proposed, specify the acreage associated with each change.
If there is more than one POD/POA involved in the proposed changes, specify the acreage associated with each POD/POA.

AUTHORIZED (the "from" or "off" lands)										PROPOSED (the "to" or "on" lands)												
The listing that appears on the certificate BEFORE PROPOSED CHANGES										The listing as it would appear AFTER PROPOSED CHANGES												
List only that part or portion of the water right that will be changed.										are made.												
Twp	Rng	Sec	¼	¼	Gvt Tax Lot or DLC	Acres	Type of USE listed on Certificate	POD(s) or POA(s) (name or number from Table 1)	Priority Date	Twp	Rng	Sec	¼	¼	Tax Lot	Gvt Lot or DLC	Acres	New Type of USE	POD(s)/ POA(s) to be used (from Table 1)	Priority Date		
EXAMPLE																						
2	S	9	E	15	NW	100	Irrigation	POD #1 POD #2	1901	POU/POD	2	S	9	E	1	NW	NW	500	1	10.0	POD #5	1901
										APOA	2	S	9	E	2	SW	NW	500	5.0	POD #6	1901	
										See POU listing in Certificate 85559 provided in Attachment A –and Application Maps in Attachment B.												
TOTAL ACRES:										TOTAL ACRES:												

Additional remarks:_____.

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For Place of Use or Character of Use Changes

Are there other water right certificates, water use permits or ground water registrations associated with the "from" or the "to" lands? Yes No **N/A – Certificate 85559 is for municipal use so "layering" does not apply.**

If YES, list the certificate, water use permit, or ground water registration numbers: _____.

 Pursuant to ORS 540.510, any "layered" water use such as an irrigation right that is supplemental to a primary right proposed for transfer must be included in the transfer or be cancelled. Any change to a ground water registration must be filed separately in a ground water registration modification application.

For Substitution (ground water supplemental irrigation will be substituted for surface water primary irrigation)
N/A

Ground water supplemental Permit or Certificate # _____;
Surface water primary Certificate # _____.

For a change from Supplemental Irrigation Use to Primary Irrigation Use N/A

Identify the primary certificate to be cancelled. Certificate # _____

For a change in point(s) of appropriation (well(s)) or additional point(s) of appropriation:

Well log(s) are attached for each authorized and proposed well(s) that are clearly labeled and associated with the corresponding well(s) in Table 1 above and on the accompanying application map.

Tip: You may search for well logs on the Department's web page at:

http://apps.wrd.state.or.us/apps/gw/well_log/Default.aspx (see Attachment E)

AND/OR

Describe the construction of the authorized and proposed well(s) in Table 3 for any wells that do not have a well log. For *proposed wells not yet constructed or built*, provide "a best estimate" for each requested information element in the table. The Department recommends you consult a licensed well driller, geologist, or certified water right examiner to assist with assembling the information necessary to complete Table 3.

Table 3. Construction of Point(s) of Appropriation

Any well(s) in this listing must be clearly tied to corresponding well(s) described in Table 1 and shown on the accompanying application map. Failure to provide the information will delay the processing of your transfer application until it is received. The information is necessary for the department to assess whether the proposed well(s) will access the same source aquifer as the authorized point(s) of appropriation (POA). The Department is prohibited by law from approving POA changes that do not access the same source aquifer.

Proposed or Authorized POA Name or Number	Is well already built? (Yes or No)	If an existing well: OWRD Well ID Tag No. L-____	Total well depth	Casing Diameter	Casing Intervals (feet)	Seal depth(s) (intervals)	Perforated or screened intervals (in feet)	Static water level of completed well (in feet)	Source aquifer (sand, gravel, basalt, etc.)	Well-specific rate (cfs or gpm). If less than full rate of water right

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Attachment A

Certificates 85412 & 85559

Application for Permanent Water Right Transfer – City of Bend

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This is a final order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080 you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

STATE OF OREGON
COUNTY OF DESCHUTES
CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

CITY OF BEND
575 NE 15TH STREET
BEND, OREGON 97701

confirms the right to use the waters of RIVER WELL #1, RIVER WELL #2, COPPERSTONE WELL, AND PILOT BUTTE WELL #1 in the DESCHUTES BASIN for MUNICIPAL USE.

This right was perfected under Permit G-4946. The date of priority is OCTOBER 13, 1971. This right is limited to 7.57 CUBIC FEET PER SECOND, if available at the original wells: SW ¼ NW ¼, SECTION 5, T 18 S, R 12 E, W.M.; WELL 1 - SOUTH 58 DEGREES 04 MINUTES 01 SECOND EAST, 3007.14 FEET; WELL 2 - SOUTH 55 DEGREES 54 MINUTES 56 SECONDS EAST, 3419.16 FEET; BOTH FROM THE NW CORNER OF THE NE¼ NE¼, SECTION 6, or its equivalent in case of rotation, measured at the well(s).

The wells are located as follows:

RIVER WELL #1 - SW ¼ NW ¼, SECTION 5, T 18 S, R 12 E, W.M.; SOUTH 58 DEGREES 04 MINUTES 01 SECOND EAST, 3007.14 FEET FROM THE NW CORNER OF THE NE ¼ OF THE NE ¼, SECTION 6.

RIVER WELL #2 - SW ¼ NW ¼, SECTION 5, T 18 S, R 12 E, W.M.; 1420 FEET SOUTH AND 950 FEET EAST FROM THE NW CORNER, SECTION 5.

COPPERSTONE WELL - SW ¼ NE ¼, SECTION 25, T 17 S, R 11 E, W.M.; NORTH 5 DEGREES 55 MINUTES 14 SECONDS EAST, 1209.8 FEET FROM THE SW CORNER OF THE NE ¼, SECTION 25.

PILOT BUTTE WELL #1 - NE ¼ NE ¼, SECTION 33, T 17 S, R 12 E, W.M.; 200 FEET NORTH AND 400 FEET EAST FROM THE SW CORNER OF THE NE ¼ OF THE NE ¼, SECTION 33.

The use shall conform to such reasonable rotation system as may be ordered by the proper state officer.

A description of the place of use to which this right is appurtenant is as follows:

WITHIN THE SERVICE AREA OF THE CITY OF BEND

The wells shall be maintained in accordance with the General Standards for the Construction and maintenance of Water Wells in Oregon.

The quantity of water diverted at the new points of appropriation (well), together with the quantity diverted at the old points of appropriation, shall not exceed the quantity of water lawfully from the original points of appropriation..

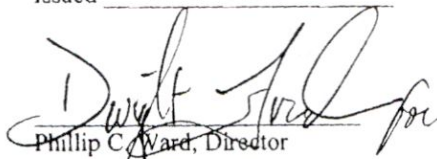
When required by the Department, the water user shall install an in-line flow meter or other suitable device for measuring and recording the quantity of water used. The type and plan of the measuring device must be approved by the Department prior to beginning construction and shall be installed under the general supervision of the Department.

If withdrawal of water from the new well located in the SW ¼ NE ¼, Section 25, T 17 S, R 11 E, W.M., causes substantial interference with the well on water right Permit G-11106, and this interference would not have occurred had the same amount of water been withdrawn from the original well, use of water from the new well shall be discontinued or reduced to mitigate the interference.

This certificate is issued to confirm A CHANGE IN POINTS OF APPROPRIATION approved by an order of the Water Resources Director entered November 28, 1995, at Special Order Volume 49, Page 433, and together with Certificate 68702, supercedes Certificate 68458, State Record of Water Right Certificates.

The right to use water for the above purpose is restricted to beneficial use on the lands or place of use described.

Issued MAR 12 2009


Phillip C. Ward, Director
Water Resources Department

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STATE OF OREGON

COUNTY OF DESCHUTES

CERTIFICATE OF WATER RIGHT

THIS CERTIFICATE ISSUED TO

CITY OF BEND
62975 BOYD ACRES ROAD
BEND, OR 97701

confirms the right to use the waters of THREE WELLS in the DESCHUTES RIVER Basin for MUNICIPAL USE.

This right was perfected under Permit G-11379. The date of priority is JUNE 30, 1989. The amount of water to which this right is entitled is limited to an amount actually used beneficially, and shall not exceed 4.16 CUBIC FEET PER SECOND or its equivalent in case of rotation, measured at the wells.

The wells are located as follows:

Well	Twp	Rng	Mer	Sec	Q-Q	Measured Distances
ROCK BLUFF 1	18 S	12 E	WM	7	NW SE	543 FEET SOUTH AND 1000 FEET EAST FROM C¼ CORNER, SECTION 7
ROCK BLUFF 2	18 S	12 E	WM	7	NW SE	543 FEET SOUTH AND 779 FEET EAST FROM C1/4 CORNER, SECTION 7
ROCK BLUFF 3	18 S	12 E	WM	7	NW SE	539 FEET SOUTH AND 1234 FEET EAST FROM C1/4 CORNER, SECTION 7

A description of the place of use to which this right is appurtenant is as follows:

Twp	Rng	Mer	Sec	Q-Q
17 S	11 E	WM	23	E½ SW¼
17 S	11 E	WM	24	NE¼
17 S	11 E	WM	24	SE NW
17 S	11 E	WM	24	E½ SW¼
17 S	11 E	WM	24	SE¼
17 S	11 E	WM	25	NE¼
17 S	11 E	WM	25	NE NW
17 S	11 E	WM	25	S½ NW¼
17 S	11 E	WM	25	S½
17 S	11 E	WM	26	N½ NE¼
17 S	11 E	WM	26	SE NE

NOTICE OF RIGHT TO PETITION FOR RECONSIDERATION OR JUDICIAL REVIEW

This is an order in other than a contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0080, you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied. In addition, under ORS 537.260 any person with an application, permit or water right certificate subsequent in priority may jointly or severally contest the issuance of the certificate at any time before it has issued, and after the time has expired for the completion of the appropriation under the permit, or within three months after issuance of the certificate.

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Twp	Rng	Mer	Sec	Q-Q
17 S	11 E	WM	26	NE NW
17 S	11 E	WM	26	S½ NW¼
17 S	11 E	WM	26	NW SW
17 S	11 E	WM	26	NE SE
17 S	11 E	WM	35	SE¼
17 S	11 E	WM	36	ALL
17 S	12 E	WM	9	SE NE
17 S	12 E	WM	9	S½
17 S	12 E	WM	14	W½ NE
17 S	12 E	WM	14	W½
17 S	12 E	WM	15	ALL
17 S	12 E	WM	16	ALL
17 S	12 E	WM	17	E½ NE¼
17 S	12 E	WM	17	NW NE
17 S	12 E	WM	17	NE SW
17 S	12 E	WM	17	S½ SW¼
17 S	12 E	WM	17	SE¼
17 S	12 E	WM	18	SE SE
17 S	12 E	WM	19	ALL
17 S	12 E	WM	20	ALL
17 S	12 E	WM	21	ALL
17 S	12 E	WM	22	ALL
17 S	12 E	WM	23	W½ NE¼
17 S	12 E	WM	23	W½
17 S	12 E	WM	23	W½ SE¼
17 S	12 E	WM	26	W½ NE¼
17 S	12 E	WM	26	W½
17 S	12 E	WM	26	W½ SE¼
17 S	12 E	WM	27	ALL
17 S	12 E	WM	28	ALL
17 S	12 E	WM	29	ALL
17 S	12 E	WM	30	ALL
17 S	12 E	WM	31	ALL
17 S	12 E	WM	32	ALL
17 S	12 E	WM	33	ALL
17 S	12 E	WM	34	ALL
17 S	12 E	WM	35	W½ NE¼
17 S	12 E	WM	35	W½
17 S	12 E	WM	35	NW SE
18 S	11 E	WM	1	ALL
18 S	11 E	WM	2	SE SE
18 S	11 E	WM	11	E½ NE¼
18 S	11 E	WM	11	E½ SE¼
18 S	11 E	WM	12	ALL
18 S	11 E	WM	13	N½ NE¼
18 S	11 E	WM	13	SW NE
18 S	11 E	WM	13	NW¼
18 S	11 E	WM	13	SW¼
18 S	12 E	WM	2	N½ NW¼
18 S	12 E	WM	2	SW NW
18 S	12 E	WM	2	W½ SW¼

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Twp	Rng	Mer	Sec	Q-Q
18 S	12 E	WM	3	ALL
18 S	12 E	WM	4	ALL
18 S	12 E	WM	5	ALL
18 S	12 E	WM	6	ALL
18 S	12 E	WM	7	N $\frac{1}{2}$ NE $\frac{1}{4}$
18 S	12 E	WM	7	SW NE
18 S	12 E	WM	7	NW $\frac{1}{4}$
18 S	12 E	WM	7	SW $\frac{1}{4}$
18 S	12 E	WM	8	NE $\frac{1}{4}$
18 S	12 E	WM	8	N $\frac{1}{2}$ NW $\frac{1}{4}$
18 S	12 E	WM	8	N $\frac{1}{2}$ SE $\frac{1}{4}$
18 S	12 E	WM	8	SE SE
18 S	12 E	WM	9	ALL
18 S	12 E	WM	10	ALL
18 S	12 E	WM	15	W $\frac{1}{2}$ NE $\frac{1}{4}$
18 S	12 E	WM	15	NW $\frac{1}{4}$
18 S	12 E	WM	15	N $\frac{1}{2}$ SW $\frac{1}{4}$
18 S	12 E	WM	16	ALL
18 S	12 E	WM	17	S $\frac{1}{2}$ NE $\frac{1}{4}$
18 S	12 E	WM	17	SE NW
18 S	12 E	WM	17	E $\frac{1}{2}$ SW $\frac{1}{4}$
18 S	12 E	WM	17	SE $\frac{1}{4}$
18 S	12 E	WM	20	NE $\frac{1}{4}$
18 S	12 E	WM	20	N $\frac{1}{2}$ NW $\frac{1}{4}$
18 S	12 E	WM	20	SE NW
18 S	12 E	WM	21	W $\frac{1}{2}$ NW $\frac{1}{4}$

If substantial interference with a senior water right occurs due to withdrawal of water from any well listed on this right, then use of water from the well(s) shall be discontinued or reduced and/or the schedule of withdrawal shall be regulated until or unless the Department approves or implements an alternative administrative action to mitigate the interference. The Department encourages junior and senior appropriators to jointly develop plans to mitigate interferences.

The City shall report the impact of water use under this right on water levels within the aquifer that provides water to the water user wells in accordance with the approved plan on file with the Department. If a well listed on this right displays a total static water-level decline of 25 or more feet over any period of years, as compared to the reference level, then the city shall discontinue use of, or reduce the rate or volume of withdrawal from, the wells. Such action shall be taken until the water level recovers to above the 25-foot decline level or until the Department determines, based on the city's or Department's data and analysis, that no action is necessary because the aquifer in question can sustain the observed declines without adversely impacting the resource or senior water rights. The city shall in no instance allow excessive decline to occur within the aquifer as a result of use under this right.

The wells shall be maintained in accordance with the General Standards for the Construction and Maintenance of Water Wells in Oregon. The works shall be equipped with a usable access port, and may also include an air line and pressure gauge adequate to determine water level elevation in the wells at all times. The water user shall install and maintain a weir, meter, or other suitable measuring device and shall keep and submit to the Department on an annual basis, a complete record of the amount of ground water withdrawn.

The Director may require water level or pump test results every ten years.

Failure to comply with any of the provisions of this right may result in action including, but not limited to, restrictions on the use, civil penalties, or cancellation of the right.

This right is for beneficial use of water without waste. The water user is advised that new regulations may require use of best practical technologies or conservation practices to achieve this end.

By law, the land use associated with this water use must be in compliance with statewide land-use goals and any local acknowledged land-use plan.

Water may be applied to lands which are not specifically described above, provided the holder of this right complies with ORS 540.510(3).

The right to the use of the water for the above purpose is restricted to beneficial use on the lands or place of use described.

This certificate is issued for a partial perfection of Permit G-11379 as described in OAR 690-320-0040 and by an order of the Water Resources Director entered as Special Order Volume 78, Page 2, on June 5, 2009.

The use of water shall be limited when it interferes with any prior surface or ground water rights.

Issued JUN 05 2009


Phillip C. Ward, Director
Water Resources Department

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Attachment B
Application Maps

Application for Permanent Water Right Transfer – City of Bend

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From: [STARNES Patrick K * WRD](#)
To: [Zach Pike-Urlacher](#)
Cc: [Kim Grigsby](#)
Subject: Re: Question Regarding MU Transfer within Irrigation District Boundary and Map Scale Waiver Request
Date: Friday, June 18, 2021 4:58:13 PM

Hi Zach,

The Department will grant a map scale waiver for the attached transfer application maps. Please include a copy of this e-mail when you submit the transfer application.

If you have any questions, let me know!

Sincerely,

Kelly Starnes

Kelly Starnes, Transfer Program Analyst
Oregon Water Resources Department
725 Summer St NE Suite A
Salem OR 97301-1271
Cellphone: 503-979-3511 Fax: 503-986-0903
E-mail: patrick.k.starnes@oregon.gov

Please Note: Under Oregon Law, messages to and from this e-mail address may be available to the public.

From: Zach Pike-Urlacher <zpikeurlacher@gsiws.com>
Sent: Wednesday, June 16, 2021 4:16:17 PM
To: STARNES Patrick K * WRD <Patrick.K.Starnes@oregon.gov>
Cc: Kim Grigsby <kgrigsby@gsiws.com>
Subject: Map Scale Waiver Request

Hi Kelly,

We would like to request a map scale waiver for the POU map we plan to include with the transfer (see attached). We also plan to include two POA maps that use a standard mapping scale (also attached).

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Please let me know if you have any questions.

Thanks you,

Zach

Zach Pike-Urlacher

Water Resources Analyst

direct: 541.753.0933 | mobile: 360.739.2303

1600 SW Western Boulevard, Suite 240, Corvallis, OR 97333

GSI Water Solutions, Inc. | www.gsiws.com

pronouns: he, him

Please note: GSI is open for business, although most of us are working remotely. I'm available by phone or email, as always.

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Attachment C

Evidence of Use Affidavit

Application for Permanent Water Right Transfer – City of Bend

13811

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OWRD



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application for Water Right
Transfer
Evidence of Use Affidavit

Please print legibly or type. Be as specific as possible. Attach additional pages if you need more spacing. Supporting documentation must be attached.

State of Oregon)
County of DESCHUTES) ss

I, PATRICK GRIFFITHS, in my capacity as City of Bend Water Resources Manager,
mailing address 62975 BOYD ACRES ROAD, BEND, OR, 97701
telephone number (541)317-3008, being first duly sworn depose and say:

1. My knowledge of the exercise or status of the water right is based on (check
one): [] Personal observation [X] Professional expertise

2. I attest that:

[X] Water was used during the previous five years on the entire place of use for
Certificate # CERTIFICATES 85412 & 85559; OR

[] My knowledge is specific to the use of water at the following locations within the last five years:

Table with 8 columns: Certificate #, Township, Range, Mer, Sec, 1/4 1/4, Gov't Lot or DLC, Acres (if applicable)

OR

- [] Confirming Certificate # ___ has been issued within the past five years; OR
[] Part or all of the water right was leased instream at some time within the last five years. The instream lease number is: ___ (Note: If the entire right proposed for transfer was not leased, additional evidence of use is needed for the portion not leased instream.); OR
[X] The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2) is attached.
[] Water has been used at the actual current point of diversion or appropriation for more than 10 years for Certificate # ___ (For Historic POD/POA Transfers)

(continues on reverse side)

13811

3. The water right was used for: (e.g., crops, pasture, etc.): MUNICIPAL WATER SUPPLY

4. I understand that if I do not attach one or more of the documents shown in the table below to support the above statements, my application will be considered incomplete.

Raf
Signature of Affiant

8/20/21
Date

Signed and sworn to (or affirmed) before me this 20 day of August, 2021.



Meghan E C O'Malley
Notary Public for Oregon

My Commission Expires: 11/14/2022

Supporting Documents	Examples
<input type="checkbox"/> Copy of a water right certificate that has been issued within the last five years. (not a remaining right certificate)	Copy of confirming water right certificate that shows issue date
<input type="checkbox"/> Copies of receipts from sales of irrigated crops or for expenditures related to use of water	<ul style="list-style-type: none"> • Power usage records for pumps associated with irrigation use • Fertilizer or seed bills related to irrigated crops • Farmers Co-op sales receipt
<input type="checkbox"/> Records such as FSA crop reports, irrigation district records, NRCS farm management plan, or records of other water suppliers	<ul style="list-style-type: none"> • District assessment records for water delivered • Crop reports submitted under a federal loan agreement • Beneficial use reports from district • IRS Farm Usage Deduction Report • Agricultural Stabilization Plan • CREP Report
<input type="checkbox"/> Aerial photos containing sufficient detail to establish location and date of photograph	<p>Multiple photos can be submitted to resolve different areas of a water right. If the photograph does not print with a "date stamp" or without the source being identified, the date of the photograph and source should be added.</p> <p>Sources for aerial photos: OSU – www.oregonexplorer.info/imagery OWRD – www.wrd.state.or.us Google Earth – earth.google.com TerraServer – www.terraserver.com</p>
<input type="checkbox"/> Approved Lease establishing beneficial use within the last 5 years	Copy of instream lease or lease number
<input checked="" type="checkbox"/> The water right is not subject to forfeiture and documentation that a presumption of forfeiture for non-use would be rebutted under ORS 540.610(2).	Certificates 85412 and 85559 are water rights held by a city for reasonable and ordinary municipal purposes. See certificates in Attachment A.



CERTIFICATE OF CERTIFIED MAILING

FILE NUMBER: 247-21-000743-PS

DOCUMENT/S MAILED: LUCS Signoff

LOOKUP AREA: N/A

MAP/TAX LOT NUMBER: 1711340000800

I certify that on the 19th day of August, 2021, the attached notice(s)/report(s), was/were mailed by first class mail, postage prepaid, to the person(s) and address(es) set forth below/on the attached list.

Dated this 19th day of August, 2021.

COMMUNITY DEVELOPMENT DEPARTMENT

By: _____Chenelle Hale_____

Recipient: City of Bend 62975 Boyd Acres Rd Bend, OR 97701	Mailed Certified
Total mailing: 1	

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Bear Creek Well 1	DESC 51943
Copperstone Well	DESC 1653
Outback Well 4	DESC 54252
Outback Well 7	DESC 57760
Pilot Butte Well 1	DESC 8499
River Well 1	DESC 5577
River Well 2	DESC 5578
Rock Bluff Well 1	DESC 9108
Rock Bluff Well 2	DESC 1738
Rock Bluff Well 3	DESC 9997

Attachment E
Well Logs

Application for Permanent Water Right Transfer – City of Bend

desc
51943

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

WELL I.D. # L 22878
START CARD # 104116

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

(1) OWNER: Well Number BC #1
Name City of Bend
Address PO Box 431
City Bend State OR Zip 97709

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 970 ft.
Explosives used Yes No Type Amount

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
30	0	9	cement	0	9	35	
20	9	700	cement	0	150	8yds	
			650	700	3yds		
15"	700	970	---				

How was seal placed: Method A B C D E
 Other

Backfill placed from 150 ft. to 650 ft. Material concrete
Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	24	0	9	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	16	+2	700	.375	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12"	690	970	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
700	970	1/8"	5	6400	1.2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1160	25	690	22.5

Temperature of water 52 Depth Artesian Flow Found _____
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 Deschutes Latitude Longitude
Township 17S N or S Range 12E E or W. WM.
Section 33 SE 1/4 SE 1/4
Tax Lot 100 Lot Block Subdivision
Street Address of Well (or nearest address)
City Public work complex

(10) STATIC WATER LEVEL:
628 ft. below land surface. Date 9-16-98
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 660

From	To	Estimated Flow Rate	SWL
660	970	628	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL

Date started 6-5-98 Completed 9-16-98
(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1358
Signed _____ Date 10-1-98

MATERIAL	FROM	TO
Sand & Dirt	0	8
Grey Basalt med hrd	8	27
Basalt grey & Bm pourous	27	65
Basalt grey & Bm softner	65	71
Basalt Harder	71	122
Basalt Rough	122	124
Cinders conglomerate & red	124	207
Basalt Grey	207	230
Cinders Red	230	242
Basalt Grey Hard	242	281
Cinders Red	281	283
Basalt Grey Med	283	325
Basalt lavender & grey med	325	342
Soft red cinders	342	395
Lavender black with cinders	395	430
Basalt & grey hard	430	466
Cinders soft red	466	474
Basalt grey & lavender	474	533
Basalt grey coarse grain	533	560
Basalt harder	560	583
Basalt softer brkw	583	595
Basalt harder fractured	595	623
Basalt red & grey soft	623	625
Basalt grey hard	625	630
Volcanics grey	630	640
Cinders red	640	660
Basalt grey	660	685
Basalt grey & brown	685	690
Basalt grey med	690	700
Basalt grey hard	700	714
Basalt red & grey	714	723
Cinders red	723	731
Basalt lavender & grey	731	756
Red cinders	756	770
Basalt blk & grey	770	775
basalt grey hard	775	792
Cinders red soft	792	800
Cinders very soft	800	809
Basalt grey Hard	809	836
Lava cinders med lavender & grey	836	845
Basalt grey hard	845	892
Basalt med black & pourous w/no strks	892	900
Lava brown & red soft	900	921
Basalt & grey hard fractures	921	931
Basalt med	931	933
Lava red & brown some sand stone	933	950
Basalt-lava grey & red pourous	950	970

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OCT 05 1998

WATER RESOURCES DEPT.
SALEM, OREGON

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

DESB
1653

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MAR 18 1993

RECEIVED
APR 6 1993
41581
78/11E/25 ba

(1) OWNER:
Name Brooks Resources Corporation
Address P.O. Box 6119
City Bend State OR Zip 97708

Well Number: 4212712
SALE

(9) LOCATION OF WELL by legal description:
County Deschutes, OREGON
Township 17 S N or S. Range 11 E E or W, WM.
Section NE 25 NE-NW 1/4 NW 1/4
Tax Lot 17 Lot 11 Block 25 Subdivision 100
Street Address of Well (or nearest address) N/A Undeveloped

(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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No
Explosives used Yes No Type _____ Amount _____
Depth of Completed Well 700 ft.

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
24	0	100	Cement	0	100	8 yds cement grout
20	100	700	-	-	-	-
20	100	700	Cement	508	528	16 sacks

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
20	+1	100	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	+2	700	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Machine cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
540	700	1/2x2	7488		12	<input checked="" 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
950	3		1 hr.
			8 hrs

Temperature of water 56 Depth Artesian Flow Found _____
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: _____

(10) STATIC WATER LEVEL:
510 ft. below land surface. Date 12-15-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 528

From	To	Estimated Flow Rate	SWL
528	700	50 bailer	510
"	"	950 - PUMP	510

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil broken rock	0	8	
Lava rock bed	8	48	
Clay red	48	53	
Weathered rock green red layers	53	85	
Lava rock red	85	112	
Basalt gray	112	185	
Basalt broken gray	185	200	
Basalt gray	200	215	
Lava brown	215	310	
Cinders red	310	330	
Lava rock red	330	370	
Cinders red	370	405	
Lava rock red black layers	405	448	
Basalt gray	448	455	
Lava rock cinders layers	455	480	
Lava rock black	480	528	
Basalt broken layers	528	540	510
Lava rock red pourous layers	540	610	
Lava rock with cinder layers	610	650	
Lava rock broken	650	700	
Packer set at 528 cemented from 528-508'			

Date started 8-31-92 Completed 2-3-93

(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.
Signed *TL R Per* WWC Number 758
Date 3-9-93

(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 *43811* WWC Number 223
Date 3-9-93

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

DESC 54252
 NOV 15 2001

WELL ID # L52412

(START CARD) # 136877

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

(1) OWNER: Well Number: **Outback#4**
 Name **City of Bend**
 Address **P.O. Box 431**
 City **Bend** State **OR** Zip **97701**

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **850** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20in	0	672	Cement	534	570	66 sacks
15in	672	790	Cement	0	205	220 sacks
12in	790	850				

How was seal placed: Method A B C D E
 Other
 Backfill placed from **205** ft. to **534** ft. Material **Bentonite**
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16in	+1.5	672	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	12in	658	798	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10in	788	848	.365	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Factory Saw**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
572	672	3/16	4800	16in	pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
658	798	3/16	6720	12in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
788	848	3/16	2600	10in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1400	2.5	520	24 hr.

Temperature of Water **51** Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom **City of Bend**
 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 **Deschutes** Latitude _____ Longitude _____
 Township **17S** N or S Range **11E** E or W. of WM
 Section **34** SW 1/4 SE 1/4
 Tax lot **620R2** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **15900 Skyliner Rd., Bend, OR 97701**

(10) STATIC WATER LEVEL:
478 ft. below land surface. Date **5/2/01**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **519**

From	To	Estimated Flow Rate	SWL
519	612	800-900	478
612	768	2000+	478
774	850	5000+	478

(12) WELL LOG:

Material	From	To	SWL
Brown Powder Soil	0	3	
Broken Brown Rubble	3	17	
Red Cinders & Broken Basalt	17	19	
Smooth Hard Gray Basalt	19	125	
Brown Tufted Ash	125	172	
Pumice & Tan Sandstone	172	285	
Gray Sandstone	285	306	
Brown Sandstone or Tufted Ash	306	358	
Cemented Gravels	358	431	
Red Cinders & Broken Basalt	431	438	
Hard Gray Basalt some broken	438	449	
Hard Gray Basalt	449	468	
Tan Pumice	468	479	
Hard Gray Basalt	479	519	
Red Cinders & Broken Basalt WB	519	538	478
Brown Conglomerate WB	538	581	478
Tan & Gray Sandstone WB	581	612	478
Loose Cinders WB	612	639	478
Hard Gray Basalt	639	646	478
Red & Black Cinders & Slab Lava WB	646	659	478
Hard Gray Basalt	659	735	478
Red Cinders WB	735	768	478

Continued on next page

Date started **12/5/01** Completed **5/2/01**

(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 water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed **Robert Buckner** WWC Number **1385**
 Date **11/7/01**

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

(1) OWNER:

Name **City of Bend**
 Address **P.O. Box 431**
 City **Bend**
 Well Number: **Outback#4**
 State **OR** Zip **97701**

(2) TYPE OF WORK:

New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:

Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No
 Explosives used Yes No Type _____ Depth of Completed Well _____ ft.
 Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	

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:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Material	
						Casing	Liner

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

Pump Bailor Air Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Temperature of Water _____ Depth Artesian Flow found _____
 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 **Deschutes** Latitude _____ Longitude _____
 Township **17S** N or S. Range **11E** E or W of WM.
 Section **34** SW 1/4 **SE** 1/4
 Tax lot **6202R2** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **15900 Skyliner Rd., Bend, OR 97701**

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

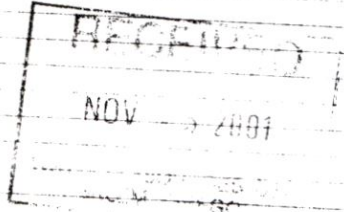
(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	Ground elevation		SWL
	From	To	
Hard Gray Basalt	768	774	478
Red Broken Basalt WB	774	781	478
Hard Gray Basalt	781	836	478
Red & Black Cinders & Broken Basalt WB	836	850	478



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 AUG 30 2021
 OWRD

WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 Redmond, OR 97756

Date started **12/5/01** Completed **5/2/01**

(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 water supply well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed **Robert Buckner** WWC Number **1385**
 Date **11/7/01**

DESC 57760

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

(WELL ID) # **L 72483**

(START CARD) # **168799**

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

(1) OWNER: Well Number **Outback #7**
 Name **USFS Deschutes National Forest** (Lessee: **City of Bend**)
 Address **1001 Emkay** (Lessee: **PO Box 431**)
 City **Bend** State **OR** Zip **97702**

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other **Reverse Circulation Rotary**

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well **860.5** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
23	0	14	cement	0	160	128 sacks	(10)
20 nom	14	612	Intermediate	Sealing	Material:		
15	612	860.5	Bentonite	160	575	28,200 pounds	
			Cement	575	612	110 sacks	

How was seal placed: Method A B C D E
 Other **Bentonite was poured & probed**

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:	16	+2	612	.375	<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"/>
Liner:	12	602.5	860.5	.375	<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"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **factory mill cut**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
610.5	860.5	3/16x3	11424			<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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1470	0.8		1 hr.
1470	0.8		24 hr

Temperature of water **-52F** Depth Artesian Flow Found _____

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 **Deschutes** Latitude _____ Longitude _____
 Township **18** S Range **11** E W.M.
 Section **3** NE 1/4 of NW 1/4
 Tax Lot **200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **18900 Skyliners Rd**
Bend, OR 97709

(10) STATIC WATER LEVEL:
469.5 ft. below land surface. Date **10/17/06**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **trace 456+; significant @ 612'**

From	To	Estimated Flow Rate	SWL
612	860	see (8)	see (10)
456+	528-	trace	456

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
see attached formation log			

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AUG 30 2021

OWRD

RECEIVED

DEC 08 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date started **3/15/06** Completed **10/20/06**

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WWC Number **649**
 Signed *Stephen J. Schneider* Date **11/3/06**

AUG 30 2021

DESC 57760

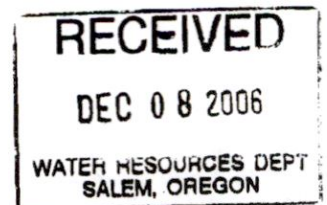
OWRD

USFS Deschutes National Forest / City of Bend Outback Well #7

by Schneider Drilling Co.

Start Card #168799 Label #L72483

<u>FM</u>	<u>TO</u>	<u>DESCRIPTION</u>
0	2	Top soil and basalt, broken
2	10	Basalt, grey, medium
10	16	Basalt, grey, medium, fractured
16	47	Basalt, grey, medium w/seams of red
47	66	Cinders, red w/seams of basalt, grey, medium
66	106	Pumice, white
106	157	Cinders, red w/seams of basalt, grey, medium & pumice, white
157	166	Pumice, tan
166	373	Pumice, tan & basalt, grey, medium & cinders, red
373	385	Basalt, grey, hard
385	397	Pumice, tan & basalt, grey, medium
397	400	Basalt, grey, hard, fractured
400	410	Cinders, red, soft
410	426	Basalt, grey hard
426	460	Basalt, grey, medium-hard interbedded with basalt, black, broken & cinders, black & red
460	475	Cinders, red w/black & pumice, tan; soft
475	508	Pumice, tan & cinders, red w/black; very soft
508	528	Cinders, red w/black, soft
528	548	Cinders, red & black, w/pumice, tan & some basalt chips, black
548	555	Cinders, red & black w/some pumice, tan
555	608	Pumice, tan w/cinders, red & black
608	610	Pumice, tan w/cinders, red-brown
610	639	Basalt, grey, hard, some fractures
639	647	Basalt, grey, hard-medium, wome fractures, w/some basalt, brown, fracture, occ vesicles
647	656	Basalt, grey, hard, some fractures
656	673	Basalt, grey red & brown, medium-soft, broken, some vesicles, some cinders
673	687	Cinders, red & brown, soft, broken, some vesicles
687	704	Basalt, grey hard
704	712	Basalt, red & grey, medium-hard
712	717	Cinders, red, soft
717	726	Basalt, dark red w/some grey, medium-hard
726	732	Basalt, grey, medium-hard
732	740	Basalt, dark red & grey, medium-hard, vesicular
740	743	Basalt, grey w/some red, medium-hard
743	745	Basalt, grey, hard
745	767	Basalt, grey red & brown, medium-soft, broken, some vesicles, some cinders
767	774	Basalt, dark red, medium, broken, w/some cinders, red
774	781	Basalt, red, soft, cindery w/some grey basalt
781	782	Basalt, grey red brown, medium-hard, w/some red cinders
782	832	Basalt, grey w/some red, hard, fractured
832	852	Basalt, red w/some brown, medium, fractured w/cinders & some pumice
852	860.5	Basalt, grey w/some red, hard, fractured & some cinders



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

DESC SUPPLY

RECEIVED 185/17E/330a
 AUG 30 1993

(1) **OWNER:** Well Number #5B
 Name City of Bend
 Address P.O. Box 431
 City Bend 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

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well 1065 ft.
 Explosives used Yes No Type ----- Amount -----

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
19	0	810	cement grout	810	780	35 sacks
19			cement/sand	780	150	26 yards
19			cement/slurry	150	0	5 yards
13	810	1065	---	---	---	-----

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:**

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	14	+2	810	375	<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:	10	802	1060	375	<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"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**
 Perforations Method Machine
 Screens Type ----- Material -----

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
818	1060	3/16x3	11	376	10"	<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"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
750	3		12 Hr.
			1 hr.

Temperature of Water 51 Depth Artesian Flow Found ---
 Was a water analysis done? Yes No 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:**
 SALEM, OREGON
 County Deschutes Latitude _____ Longitude _____
 Township 18 S N or S. Range 12 E E or W. WM.
 Section 33 NE 1/4 NE 1/4
 Tax Lot 101 Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1402 NE Lafayette
 Bend, OR 97701

(10) **STATIC WATER LEVEL:**
 731 ft. below land surface. Date 8-17-93
 Artesian pressure --- lb. per square inch. Date ---

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 750

From	To	Estimated Flow Rate	SWI.
750	1065	1000	731

(12) **WELL LOG:** Ground Elevation 2021

Material	From	To	SWI.
Dirt & cobbles	0	7	
Basalt gray slab rock	7	40	
Basalt gray andesite	40	65	
Basalt fractured	65	72	
Cinders red soft	72	91	
Basalt gray hard	91	110	
Lava pourous red & lavender	110	145	
Lava brown & red	145	160	
Lava gray pourous	160	196	
Basalt gray hard	196	208	
Lava red & lavender	208	224	
Lava hard	224	250	
Lava pourous brown with pumice	250	335	
Hard gray andesite	335	355	
Lava gray hard	355	423	
Lava brown & gray medium	423	460	
Lava brown soft	460	480	
Gray harder	480	657	
Lava soft gray & red	657	675	
Decompose lava brown	675	705	
CONTINUED			

Date started _____ Completed _____

(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.
 Signed *Dennis B. Stott* WWC Number 1358 Date 8/25/93

(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 *John R. Stott* WWC Number 1483 Date 8/25/93

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

WEX
 8/29/93

RECEIVED

AUG 30 1993

18S/12E/3300

WATER RESOURCES DEPARTMENT
 (START CARD) # 43193
 SALEM, OREGON

(1) OWNER: Well Number _____
 Name City of Bend
 Address P.O. Box 431
 City Bend 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 _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	

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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing:				<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"/>	<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
			1 hr.

Temperature of Water _____ Depth Artesian Flow Found _____
 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 Deschutes Latitude _____ Longitude _____
 Township 18 S N or S. Range 12 E E or W. WM.
 Section 33 NE $\frac{1}{4}$ NE $\frac{1}{4}$
 Tax Lot 101 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1402 NE Lafayette
Bend, OR 97701

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation OWRD

Material	From	To	SWL
Basalt hard gray	705	750	
Basalt pourous	750	780	WB
Basalt gray hard	780	812	
Basalt pourous fractured gray and red	812	817	
Red basalt fractured	817	825	
Basalt gray harder	825	842	
Lava red firm	842	870	WB
Conglomerate easy drilling	870	891	
Basalt gray medium	891	899	
Basalt gray hard	899	913	
Basalt hard medium soft	913	925	
Weathered basalt gray & brown	925	945	
Weathered conglomerate	945	992	
Basalt pourous hard	992	1040	WB
Lava pourous and broken	1040	1065	WB

Date started 6/8/93 Completed 8/17/93

(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.

Signed [Signature] WWC Number 1358
 Date 8/25/93

(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 [Signature] WWC Number 1483
 Date 8/25/93

13811

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with the

RECEIVED NC MAY 22 1972

WATER WELL REPORT STATE OF OREGON

DESG 5577

State Well No. 18/12-5 ac State Permit No.

STATE ENGINEER, SALEM, OREGON 97310

within 30 days from the date of well completion.

STATE ENGINEER SALEM, OREGON

(Please type or print)

(Do not write above this line)

(1) OWNER:

Name CITY OF BEND Address P.O. Box 431 BEND, ORE.

(2) TYPE OF WORK (check):

New Well [X] Deepening [] Reconditioning [] Abandon [] If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary [] Cable [X] Dug [X] Driven [] Jetted [] Bored []

(4) PROPOSED USE (check):

Domestic [] Industrial [] Municipal [X] Irrigation [] Test Well [] Other []

(5) CASING INSTALLED:

24" Diam. from 0 ft. to 43 ft. Gage 375 16" Diam. from 0 ft. to 637 ft. Gage 312

(6) PERFORATIONS:

Perforated? [] Yes [X] No. Type of perforator used Size of perforations in. by in.

(7) SCREENS:

Well screen installed? [] Yes [X] No Manufacturer's Name Type Model No. Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level Was a pump test made? [X] Yes [] No If yes, by whom? STRASSER Yield: 1837 gal./min. with 4 ft. drawdown after 24 hrs.

(9) CONSTRUCTION:

Well seal—Material used SEE ATTACHED LETTER Well sealed from land surface to 24 AND 20 ft. Diameter of well bore to bottom of seal 20-16 AND 12 Diameter of well bore below seal 74 AND 8 YDS CONCRETE

(10) LOCATION OF WELL:

County DESCHUTES Driller's well number 5401 SW 1/4 NE 1/4 Section 5 T. 18 S. R. 12 E W.M. Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found 119 ft. Static level 564 ft. below land surface. Date 4/4/72 Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 16 AND 12 Depth drilled 900 ft. Depth of completed well 900 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.

Table with columns: MATERIAL, From, To, SWL. Content: SEE ATTACHED SHEET

RECEIVED AUG 30 2021 OWRD

Work started NOV. 1, 1971 Completed APR 24 1972 Date well drilling machine moved off of well APR 27 1972

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] Glenn Rydman Date 5/11, 1972

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 RJ STRASSER DRILLING Co Address 8110 SE SUNSET LANE PORTLAND, ORE [Signed] Robert L. Strasser

*R. J. Strasser Drilling Co.*8110 S. E. Sunset Lane
Portland, Oregon 97206

May 6, 1972

Log of City of Bend well

RECEIVED
MAY 22 1972
STATE ENGINEER
SALEM, OREGON

Fill	0 - 4
sand, gravel, and boulders	4 - 9
tan ash	9 - 14
sand, gravel and clay	14 - 23
sand, ash and gravel	23 - 44
black basalt	44 - 119
red and black basalt	119 - 203
red basalt, streaks of clay	203 - 224
light brown basalt	224 - 225
medium hard black basalt	225 - 271
hard black basalt	271 - 292
medium hard red and black basalt	292 - 322
dark grey basalt	322 - 341
red and black fractured basalt	341 - 382
black basalt and brown clay	382 - 385
red, black and yellow rock	385 - 397
black basalt	397 - 403
black, brown and red basalt; clay seams	403 - 432
black, brown and red basalt, tan clay	432 - 438
porous black basalt	438 - 443
black basalt	443 - 454
brown clay with broken basalt	454 - 487
yellow clay and black basalt	487 - 495
tan clay and brown and black basalt	495 - 498
black and brown basalt with brown clay	498 - 539
black basalt	539 - 566
slightly porous black basalt	566 - 595
medium hard black basalt	595 - 602
slightly porous black basalt	602 - 626
medium hard black basalt	626 - 670
porous black basalt	670 - 700
porous red and black basalt	700 - 721
hard black basalt	721 - 724
slightly porous black basalt	724 - 741
brown, red, tan and black basalt	741 - 744
brown and black basalt	744 - 777
soft porous brown basalt	777 - 783
brown and black basalt	783 - 792
porous black basalt	792 - 838
black basalt	838 - 889
black basalt with brown clay	889 - 900

13811

R. J. Strasser Drilling Co.

8110 S. E. Sunset Lane
Portland, Oregon 97206
April 29, 1972

RECEIVED
MAY 22 1972
STATE ENGINEER
SALEM OREGON

Mr. William Mc Call, Geologist
Oregon State Engineer Office
Salem, Oregon 97310

*OK
Brd*

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AUG 30 2021

OWRD

Dear Mr. Mc Call:

Pursuant to our telephone conversation of April 14, 1972, we are writing you this letter to record the sealing program you have accepted and we have performed on the municipal well we have recently completed for the City of Bend, Oregon. We shall submit a regular state well report, however there is no space adequate in the regular form to record this sealing procedure.

1. The 16" permanent casing is sealed in the 20" diameter hole at 637 feet with 25 bags of cement.
2. Above the seal at the bottom of the 16" pipe we backfilled the annulus between the twenty inch hole and the sixteen inch pipe with rock cuttings from the well and crushed rock to a depth of 262 feet from the land surface. There we pumped in another 25 bags of cement grout.
3. The 235 feet of 20" O.D. pipe that was used in drilling the well was removed from the well and the annulus between the open 24" hole and the 16" pipe was backfilled with rock cuttings and crushed rock to a depth of 112 feet from the surface at which depth we pumped in another 25 bags of cement grout.
4. The 24" O.D. pipe was left in the well. The hole was backfilled with rock cuttings and crushed rock to 50', a depth five feet deeper than the bottom of the 24" pipe. From this depth we back-filled the well to the surface with 8 cu. yd. of 3½ sack/yard concrete, filling the annulus between the 24" and 16" casing and the voids outside the 24" pipe.

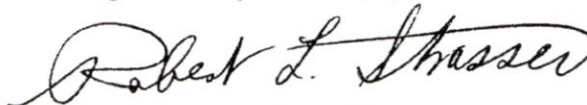
It is our feeling that this well is more than adequately sealed

AUG 30 2021

OWRD

and are confident it should meet the sealing requirements of any of the numerous governmental agencies who have so recently become involved in ground water protection.

Respectfully submitted,



Robert L. Strasser, partner
R. J. STRASSER DRILLING CO.



13811

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON
(Please type or print)

(Do not write above this line)

RECEIVED

APR 2 1978

State Well No. 18s/12w-5bc

State Permit No.

RECEIVED

AUG 30 2021

(1) OWNER:

Name CITY OF BEND
Address PO. Box 431
BEND, OR. 97701

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded
" Diam. from 0 ft. to 46 ft. Gage 1312
18" Diam. from 0 ft. to 234 ft. Gage 1375
14" Diam. from 0 ft. to 706 ft. Gage 1375

PERFORATIONS:

Perforated? Yes No.
Type of perforator used
Size of perforations in. by in.
perforations from ft. to ft.
perforations from ft. to ft.
perforations from ft. to ft.

(7) SCREENS:

Well screen installed? Yes No
Manufacturer's Name
Type Model No.
Diam. Slot size Set from ft. to ft.
Diam. Slot size Set from ft. to ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom? OWNER
Yield: 2000 gal./min. with 185 ft. drawdown after 17 hrs.
Baller test gal./min. with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water 58 Depth artesian flow encountered ft.

CONSTRUCTION:

Well seal—Material used PORTLAND CEMENT TYPE 1-11
Well sealed from land surface to 706 ft.
Diameter of well bore to bottom of seal 17 1/4 in.
Diameter of well bore below seal in.
Number of sacks of cement used in well seal 413 sacks
How was cement grout placed? GRAVITY FLOW WHILE VIBRATING CASING TO PREVENT BRIDGING

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 DESCUTES Driller's well number
SW 1/4 NW 1/4 Section 5 T. 18S R. 12E W.M.
Bearing and distance from section or subdivision corner 300 Ft. WEST OF EXISTING BEND CITY WELL #1

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.
Static level 242 ft. below land surface. Date 3-21-78
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 10"
Depth drilled 5 ft. Depth of completed well 800 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
Fill MATERIALS	+5	-5	
BLUES, GRAVEL + SAND B&K	5	27	
" " " TAN	27	43	
BASALT, BLK, BRKN MED SFT	43	70	
" BRKN BLK	70	101	
" GRAY MED HD	101	106	
" RED+BLK BRKN C/NODED	106	175	
" " BRN " "	175	199	
" GRAVEL CEMENTED, CONC	199	224	
GRAVEL BLK BASALT	224	232	
BASALT BLK MED TO HD	232	285	
" " HD	285	326	
" " VESICULAR (FROTTB)	326	337	
" " FRACTURED HD	337	342	
" " " MED HD	342	367	
" " " HD	367	387	
" " " MED HD	387	445	
GRAVEL BASALTIC SOME REDDISH BRN, TAN CLAY SEAMS	445	462	

Work started 10-10 1977 Completed 1-23 1978
Date well drilling machine moved off of well 1-23 1978

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] William D. Williams Date 3-31 1978
(Drilling Machine Operator)
Drilling Machine Operator's License No. 864

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 William D. Williams (Type or print)
(Person, firm or corporation)
Address 3790 N.W. Oak Ln Redmond Or 97725
[Signed] William D. Williams
(Water Well Contractor)
Contractor's License No. 665 Date 3-31 1978

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report are to be filed with the

PAGE # 2 RECEIVED
WATER WELL REPORT

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97310
within 30 days from the date of well completion.

STATE OF OREGON
(Please type or print)

APR 4 1978

State Well No. _____

(Do not write above this line)

State Permit No. _____

(1) OWNER:

Name CITY OF BEND

Address P.O. Box 431
BEND, OR 97701

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded

_____ " Diam. from _____ ft. to _____ ft. Gage _____

_____ " Diam. from _____ ft. to _____ ft. Gage _____

_____ " Diam. from _____ ft. to _____ ft. Gage _____

PERFORATIONS:

Perforated? Yes No.

Type of perforator used _____

Size of perforations in. by _____ in.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

_____ perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

(8) 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.

_____ " " " " "

_____ " " " " "

Bailer test _____ gal./min. with _____ ft. drawdown after _____ hrs.

Artesian flow _____ g.p.m.

Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Well seal—Material used _____

Well sealed from land surface to _____ ft.

Diameter of well bore to bottom of seal _____ in.

Diameter of well bore below seal _____ in.

Number of sacks of cement used in well seal _____ sacks

How was cement grout placed? _____

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 _____ Driller's well number _____

_____ ¼ _____ ¼ Section T. R. W.M.

Bearing and distance from section or subdivision corner _____

(11) WATER LEVEL: Completed well.

Depth at which water was first found _____ ft.

Static level _____ ft. below land surface. Date _____

Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____

Depth drilled _____ ft. Depth of completed well _____ 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
BASALT BLK-BRN SOME VESICULAR + SCORIA CEOUS			
ZONES W/RED-BRN COLOR	462	687	
BASALT BLK VESICULAR + SCORIA CEOUS			
CAVING W/B	687	706	485
CASING SET + ALL STARTAS ABOVE			
706 BROUGHT + SEALED OFF			
BASALT BLK HD.	707	722	
" " SOFT.	722	723	
" " HD.	723	727	
" " SOFT.	727	728	
" GRAY BRN, RED-BRN VESICULAR TO SCOR- IACEOUS W/B.	728	765	
BASALT, HD BLK	765	771	
" DR GRAY, BLK, VESICULAR TO SCORIA CEOUS W/B.	771	791	242
BASALT, GRAY + BLK PORPHYRIC	791	793	
" " " " SOFT	793	796	
" " " " HD.	796	799	
" " " " SOFT	799	800	

Work started _____ 19 Completed _____ 19

Date well drilling machine moved off of well _____ 19

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] _____ Date _____, 19____
(Drilling Machine Operator)

Drilling Machine Operator's License No. _____

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 _____ (Person, firm or corporation) (Type or print)

Address _____ 13811

[Signed] _____ (Water Well Contractor)

Contractor's License No. _____ Date _____, 19____

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AUG 30 2021

OWRD

10/2

Bill

The reason this log is so late being filed is because I was waiting for Fred Roberts to complete the E log to the physical log & I just received the results.

Sincerely,
W.D. Williams

FEB 25 1994

Desc
 9108

18S/12E/7db
 Page 1 of 3

(START CARD) # 16158

(1) OWNER:
 Name City of Bend
 Address P.O. Box 431
 City Bend, State OR Zip 97701
 Well Number: 3

(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

5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No
 Depth of Completed Well 812 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0 497	cement	0 365	1333.33
8"	497 812			

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 365 ft. to 495 ft. Size of gravel Pea gravel

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
12"	+2	496	.375	<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: _____

Final location of sheets) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
417	497	1/4"	1920	12		<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 550 Drawdown 24 Drill stem at 454 Time 24 hr.

Temperature of water 52° Depth Artesian Flow Found _____
 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 Deschutes Latitude _____ Longitude _____
 Township 18S N or S. Range 12E E or W. WM. _____
 Section 7 NW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
376 ft. below land surface. Date 10/8/90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
389	396	75	376
417	488	300	376
690	812	1500	376

(12) WELL LOG: _____ Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Pinhole Lava Black	1	20	
Black Lave	20	25	
Broken Black Lava	25	32	
Black Lava Solid	32	39	
Red Cinders	39	50	
Red Gravely Pumice(muddy)	50	81	
Black Lava	81	90	
Broken Blk Lava & Red	90	120	
Broken Black Lave	120	133	
Black Lava (Hard)	133	139	
Mild Brown Lava Muddy	139	165	
Red Cinders	165	183	
Brownm Sand & Pumice	183	192	
Brown Sand & Gravels	192	203	
Brown Conglomerate	203	209	
Broken Black lava	209	212	
Black Lava (hard)	212	237	
Pink Lava	237	286	
Brown lava	286	297	
Grey Lava	297	307	
Brown Lava	307	323	
Red Cinders (cemented)	323	354	

Date started 12/26/89 Completed 12/5/90

(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 construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed Robert Buck WWC Number 1385
 Date 2/22/94

(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 Robert Buck WWC Number 1385
 Date 2/22/94

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

FEB 25 1994
 WATER RESOURCES DEPT.
 SALEM, OREGON

Desc
 9108

18s/12E/7db
 Page 2 of 3

(START CARD) # 16158

(1) OWNER: Well Number 3
 Name City of Bend
 Address P O Box 431
 City Bend State Or 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

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	

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:				<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"/>

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"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
			1 hr.

Temperature of Water _____ Depth Artesian Flow Found _____
 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 _____ Latitude _____ Longitude _____
 Township _____ N or S. Range _____ E or W. WM. _____
 Section _____ 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: _____ Ground elevation _____

Material	From	To	SWL
Brown Lava (hard)	354	360	
Red Lava (hard)	360	373	
Grey Lava	373	391	389
Brown Conglomerate	391	412	
Grey Basalt Fratured	412	434	
Red Cinder Conglomerate	434	478	
Grey Basalt	478	500	
Brown & Red Conglomerate	500	512	
Hard Grey Basalt	512	540	
Brown Basalt	540	550	
Red Basalt	550	554	
Red Basalt	554	559	
Brown Basalt Broken	559	566	
Brown & Red Conglomerate	566	571	
Red Basalt	571	579	
Soft Red Basalt	579	594	
Hard Brown Basalt	594	606	
Broken Brown Basalt	606	607	
Hard Brown Basalt	607	620	
Fine Conglomerate	620	630	
Black & Red Cinders	630	690	

Continued on page 3

Date started _____ Completed _____
 (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.
 Signed _____ WWC Number _____
 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.
 Signed _____ WWC Number _____
 Date _____

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FEB 25 1994

Desc 9108

18s/12e/7db Page 3 of 3

STATE OF OREGON WATER WELL REPORT (as required by ORS 537.765) WATER RESOURCES DEPT. SALEM, OREGON

(START CARD) # 16158

(1) OWNER: Well Number Name City of Bend Address P O Box 431 City Bend State Or 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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [] No Depth of Completed Well ft. Explosives used [] Yes [] No Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour. Table with columns: Yield gal/min, Drawdown, Drill stem at, Time

Temperature of Water Depth Artesian Flow Found Was a water analysis done? [] Yes [] No 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 Latitude Longitude Township N or S. Range E or W. WM. Section Tax Lot Lot Block Subdivision Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL: ft. below land surface. Date Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation

Table with columns: Material, From, To, SWL. Contains entries for Red Cinders.

RECEIVED AUG 30 2021 OWRD

Date started Completed

(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.

Signed WWC Number 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.

Signed WWC Number Date

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

DESC 1738
DESC 1738

MAY 28 1993

WATER RESOURCES DEPT.

Page 1 of 1

SALEM, OREGON

(START CARD) #

36701

18S/12E/706
 pg. 1

(1) OWNER: Well Number _____
 Name City of Bend
 Address P.O. Box 431
 City Bend 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 _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 800 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
17	0 548	Cement	0 175	163 sacks	
12	548 800	Bentonite	175 528	371 sacks	
		Cement	528 548	75 sacks	

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	+1 1/2	548	.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) 548

(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"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
500-1000		800	1 hr.

Temperature of Water 52 Depth Artesian Flow Found _____
 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 Deschutes Latitude _____ Longitude _____
 Township 18 S N or S. Range 12 E E or W. WM.
 Section 7 NW 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 61473 Blakely Rd
Bend, OR 97701

(10) STATIC WATER LEVEL:
402.5 ft. below land surface. Date 4/30/93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 404

From	To	Estimated Flow Rate	SWL
548	646	500	402 1/2
646	800	500	402 1/2

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(12) WELL LOG:
 Ground elevation 2021

Material	From	To	SWL
Sandy soil	0	4	
Basalt gray pourous	4	9	
Basalt gray hard	9	24	
Porous lava gray	24	38	
Lava cinders red	38	46	
Pumice yellow & white	46	86	
Lava gray medium hard	86	95	
Lava gray fractured	95	150	
Lava gray harder fractured	150	159	
Lava brown porous & fractured	159	205	
Lava gray porous harder	205	212	
Lava red & gray softer	212	229	
Lava gray hard	229	309	
Lava fractured gray	309	312	
Lava hard gray	312	318	
Lava red cinders	318	345	
Lava brown	345	355	
Lava lavender	355	362	
Lava gray hard	362	391	
Lava lavender	391	404	

OWRD

CONTINUED

Date started 2/25/92 Completed 4/29/92

(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.

Signed Ryan B. Hatfield WWC Number 1358
 Date 5/21/93

(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 [Signature] WWC Number 723
 Date 5/21/93

DESC 1738

18S/12E/7db pg 2

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

Page 2 of 2

(START CARD) # 36701

(1) OWNER: City of Bend Well Number: P.O. Box 431 Bend OR 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

(5) BORE HOLE CONSTRUCTION: Special Construction approval, Depth of Completed Well, Explosives used

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds

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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: Perforations, Screens, Method, Type, Material

Table for perforations with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner

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

Table for well tests with columns: Yield gal/min, Drawdown, Drill stem at, Time

Temperature of Water, Depth Artesian Flow Found, Was a water analysis done?, Did any strata contain water not suitable for intended use?

(9) LOCATION OF WELL by legal description: County Deschutes, Township 18 S, Range 12 E, Section 7, NW 1/4 SE 1/4, Street Address of Well 61473 Blakely Rd Bend, OR 97701

(10) STATIC WATER LEVEL: ft. below land surface, Date, Artesian pressure lb. per square inch., Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG: Ground elevation

Table for well log with columns: Material, From, To, SWL. Includes 'RECEIVED' and 'OVRD' stamps.

Date started, Completed

(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.

(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.

STATE OF OREGON
WATER RESOURCES DEPARTMENT

ew

OWRD

REQUEST FOR WRITTEN APPROVAL TO USE CONSTRUCTION METHODS NOT INCLUDED IN THE RULES AND REGULATIONS PRESCRIBING GENERAL STANDARDS FOR THE CONSTRUCTION AND MAINTENANCE OF WELLS IN OREGON

Before approval can be considered the following questions must be answered.

Requests shall be submitted to the Watermaster Division, 3850 Portland Road, NE, Salem, OR 97310.

Date: 4/9/92

Well Constructor: STACO Well Services
Chuck Stadel 723

(1) Location of Well: Q NW 1/4 114 SE 1/4 of Section 7,
Township 18S, Range 12E, Deschutes County.

Address at well site or nearest known address: End of Powers
Rd Bend OR

(2) Name and address of Landowner: City of Bend
P.O. Box 431
Bend OR

(3) The distance to the nearest well and septic drainfield: 200' +

(4) The unusual conditions existing at the well site: N/A

(5) The proposed construction methods that the well constructor or landowner constructing the well believes will be adequate for his particular well:
17" bore hole to 548' 12" casing to 548' cement
grout from 548' up to 528', bent chips from
528' up to 150', cement grout from 150'
to land surface. Request use of bent chips
to eliminate grout loss in less zones

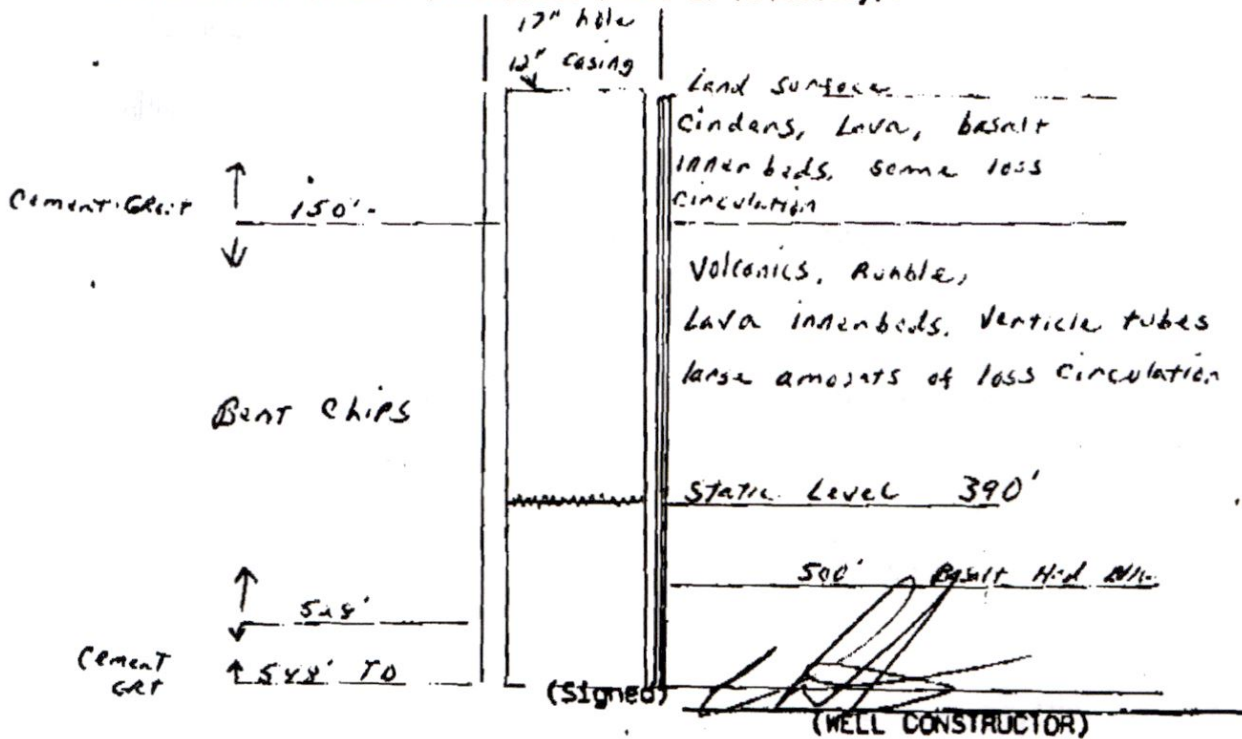
W-SM
SC 36701

(6) A diagram showing the pertinent features of the proposed well design and construction (attach additional sheet if necessary):

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AUG 30 2021

OWRD



For Water Resources Department Use Only

Date:

Approved by:

Denied by:

Remarks:

NOTE:

- (1) If approval, all other phases of construction must be in compliance with State Well Construction Standards.
- (2) If it should be determined at some future date that the well, due to its construction, is offering an avenue for pollution of the ground water body, it will be necessary for you to return to the site to correct any well deficiencies.

84150

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AUG 30 2021

OWRD

TELECOPIER COVER LETTER

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Greg Beaman

DATE: 4/10/92

FIRM: WRD

FROM: Chuck Stedeli

CITY: Salem

FAX NUMBER: 378 8130

TOTAL NUMBER OF PAGES INCLUDING COVER LETTER: 3

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL!!

ORIGINAL DOCUMENTS BEING SENT BY MAIL? YES NO

REMARKS:

Please find enclosed request for special well construction standards for 12" well for the City of Bend.

Please call if you have any questions

Thanks

Chuck

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

Desc 9997
Rock Bluff

RECEIVED

185/12E/7db

JUL 14 1995 (START CARD) # 77912

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

(1) OWNER: Well Number *# 3*

Name *City of Bend*
Address *P O Box 431*
City *Bend* State *OR* Zip *97709*

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well *850* ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
19"	0	30	Cement	0	150	176 sacks
17"	30	530	Cement	510	530	66 sacks

How was seal placed: Method A B C D E
 Other *7 yards*

Backfill placed from *415* ft. to *150* ft. Material *sand grout*
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	+2	530	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10"	520	850	.366	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method *Machine*
 Screens Type *Factory* Material *Steel*

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
570	850	1/8x3	12768	10"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1000	N/A	Bottom	1 hr.
570	1'	428	24 hrs

Temperature of water *53°* Depth Artesian Flow Found _____
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 *Deschutes* Latitude _____ Longitude _____
Township *18S* N or S Range *12E* E or W. WM.
Section *7* NW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) *Powers Road*

(10) STATIC WATER LEVEL:
395 ft. below land surface. Date *06/01/95*
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found *395'*

From	To	Estimated Flow Rate	SWL
395	850	1000	395'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil & roots	0	3	
Red Dirt	3	5.5	
Lava grey broken	5.5	10	
Lava grey med	10	13	
Lava grey & red w/seams of broken	13	43	
Cinders red loose	43	50	
Pumice white & tan	50	54	
Lava grey very broken & cavy	54	79	
Lava grey med	79	83	
Lava grey hard	83	104	
Lava grey med	104	116	
Lava grey & red broken & gravelly	116	123	
Lava grey med hard with fractures	123	138	
Lava grey hard	138	144	
Lava red with pumice & cinders brn	144	187	
Lava reddish brown med	187	198	
Andosite basalt grey hard w/very little red	198	315	
Lava red gravelly	315	324	
Red cinders loose	324	329	

Date started *04/26/95* Completed *06/08/95*

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed *[Signature]* WWC Number *1523*
Date *7-10-95*

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed *[Signature]* WWC Number *1358*
Date *7-10-95*

1381

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

JUL 14 1995

(START CARD) # 77912

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

(1) OWNER: Well Number _____

Name City of Bend
Address P O Box 431
City Bend State OR Zip 97709

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

(3) DRILL METHOD:
Rotary Air Rotary Mud Cable Auger
Other

(4) PROPOSED USE:
Domestic Community Industrial Irrigation
Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well ft.
Explosives used Yes No Type Amount

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Sub-headers: HOLE, SEAL.

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:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes checkboxes for Perforations and Screens.

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Includes checkboxes for Pump, Bailer, Air, Flowing, Artesian.

Temperature of water Depth Artesian Flow Found
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 Latitude Longitude
Township N or S Range E or W. WM.
Section 1/4 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:
ft. below land surface. Date
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found

Table with columns: From, Estimated Flow Rate, SWL. Includes RECEIVED and OWRD stamps.

(12) WELL LOG:
Ground Elevation

Table with columns: Material, From, To, SWL. Lists various geological layers and their depths.

Date started Completed

(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 water supply well construction standards.
Signed WWC Number 1523 Date 7-10-95

(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.
Signed WWC Number 1358 Date 7-10-95

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AUG 30 2021

OWRD



August 26, 2021

Oregon Water Resources Department
725 NE Summer Street, Suite A
Salem, OR 97301

RE: Application for a Permanent Water Right Transfer, City of Bend

Dear Kelly:

GSI Water Solutions, Inc. (GSI) is submitting the enclosed Application for a Permanent Water Right Transfer on behalf of the City of Bend (City). The City is requesting to add three existing wells (Bear Creek Well 1, Outback Well 4, and Outback Well 7) to Certificates 85412 and 85559.

The required application documents and fee of \$3,270 are enclosed.

Please contact me if you have any questions. You can reach me at 541-257-9005 or at omcmurtrey@gsiws.com

Sincerely,

A handwritten signature in black ink that reads "Owen McMurtrey". The signature is written in a cursive style with a large, prominent "O" at the beginning.

Owen McMurtrey
Water Resources Consultant

Enclosures: Application for a Permanent Water Right Transfer, Certificates 85412 and 85559
Check in the amount of \$3,270