

**CLAIM OF  
BENEFICIAL USE  
for Transfer with Multiple  
Changes - Groundwater**



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

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A fee of \$230 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

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

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at:

<https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

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

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

"Section 7" of this form is intended to aid in the completion of this form and should not be submitted.

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

If you have questions regarding the completion of this form, please call 503-979-9103.

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

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

**GENERAL INFORMATION**

**Type of Authorized Change**

This Claim is being submitted for a transfer involving multiple changes.

YES

Mark all that apply:

1.  Change in POA(s) or Additional POA(s)      2.  Change in Place of Use  
3.  Change in Character of Use

*A separate section will be completed for each type of change authorized in the transfer final order.*

**1. File Information**

APPLICATION #

**T-12909**

2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME <b>Laura Ann McCallum Trust</b>		PHONE NO. <b>541-504-3149</b>	ADDITIONAL CONTACT NO. <b>541-306-0686</b>
ADDRESS <b>69401 Goodrich Road</b>			
CITY <b>Sisters</b>	STATE <b>OR</b>	ZIP <b>97759</b>	E-MAIL <b>laurieamccallum@gmail.com</b>

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

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

TRANSFER HOLDER OF RECORD <b>same</b>		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

**09/27/2021**

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

NAME	DATE	ASSOCIATION WITH THE PROJECT
<b>Laurie McCallum</b>	<b>09/27/2021</b>	<b>landowner</b>

6. County:

**Deschutes**

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

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

Add additional tables for owners of record as needed

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**SECTION 2  
SIGNATURES**

CWRE Statement, Seal and Signature

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



CWRE NAME <b>Michele Wright Sims</b>		PHONE No. <b>541-408-4777</b>	ADDITIONAL CONTACT No.	
ADDRESS <b>14865 Checkrein</b>				
CITY <b>Sisters</b>	STATE <b>OR</b>	ZIP <b>97759</b>	E-MAIL <b>Sims.mw@gmail.com</b>	

Transfer Holder of Record Signature or Acknowledgement

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

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

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Laura McEllen		5-16-22

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**SECTION 3**  
**Changes Made**

**Note: The Claim only needs to describe the changes that were authorized in the transfer final order.**

**Change #1**

**Change in POA(s) or Additional POA(s)**

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? **YES**

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

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well	DESC62227	L138724	Well in Deschutes Basin

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

If well logs are available, items A and B below can be deleted

**2. Variations:**

Was the use developed differently from what was authorized by the transfer final order, or extension final? **NO**

If yes, describe below.

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

NA

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**3. Claim Summary:**

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well	0.4063 cfs	0.74 cfs	0.43 cfs* see note

**System Description**

Are there multiple new or additional Points of Appropriation (POA)? **NO**

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

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

NA

**A. POA System Information**

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

**1. Pump Information**

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Hitachi		G255601E	submersible		10"

**2. Motor Information**

MANUFACTURER	HORSEPOWER
Hitachi	60hp

**3. Theoretical Pump Capacity**

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60 hp		418'	4'	0.74 cfs

**4. Provide pump calculations:**

$$Q = \frac{(60)(7.04)}{418' + 152.4 + 4'} = 0.74 \text{ cfs}$$

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

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
NA			

Reminder: For pump calculations use the reference information at the end of this document.

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6. Additional notes or comments related to the system:

**\*Note: control box limits flow of well to permit rate; this reflected in flow display on controller.**

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

1. Is the appropriation from a dug well (sump)? **NO**

**Change #2**

**Change in Place of Use**

Did the transfer order authorize a change in the place of use? **YES**

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
<b>32.5 ac</b>	<b>32.5 ac</b>

If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
	<b>NA</b>
	<b>NA</b>

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? **NO**

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

**NA**

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Change #3

Change in Character of Use

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Did the transfer order authorize a change in character of use?

SECTION 4

CONDITIONS

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

1. Time Limits:

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

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	09/01/2020	
COMPLETENESS DATE FROM ORDER (C)	10/01/2021	New well developed, meter installed, water ready for use October 2020

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

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

NO

3. Measurement Conditions:

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

YES

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed?

YES

c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well	Seametrics		working	58988907	09/2020

4. Recording and reporting conditions

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

NO

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

a. Were there special well construction standards?

NO

b. Was submittal of a ground water monitoring plan required?

NO

c. Other conditions?

YES

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

Water must be pumped from same aquifer as original POA.

**SECTION 5  
ATTACHMENTS**

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

ATTACHMENT NAME	DESCRIPTION
Well log	DESC62227

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## SECTION 6

### CLAIM OF BENEFICIAL USE MAP

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

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

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

**Base map prepared using Topcon HiperLite+ GPS. Additional mapping with Bad Elf Surveyor GPS.**

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## Map Checklist

Please be sure that the map you submit includes ALL the items listed below.  
(Reminder: Incomplete maps and/or claims may be returned.)

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

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Oregon Water Resources Department  
 PERMIT CONDITION WATER-LEVEL REPORTING FORM

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Well owner:

Name	Laura Ann McCallum		
Address	69401 Goodrich Rd		
City/State/Zip	Sisters	OR	97759
Phone/Fax/Cell			541.306.0686
Email	lauriemccallum@hotmail.com		

Application:	
Permit:	
Certificate:	
Userid:	
Transfer	

Your water right requires periodic static water-level measurements in your wells. **Consult your permit or certificate to determine when measurements should be made, when reports are due, and who is allowed to make the measurements.** Keep a copy of all measurement reports for your records. **All wells that have been constructed must be measured regardless of whether they are being used.** Please contact the Department if you are no longer the holder of this right or no longer have an interest in it.

Complete one form for each well.

Other water rights that list this well:

Application number(s):				
Permit number(s):				
Certificate number(s):				

Identification of measured well (Provide as much information as possible.)

Water Resources Well Log ID:	DESC 62227	Owner's well name:	Supplemental	
Well ID (Well Tag) on Well: L-	138724	Well drilled by:	Fagen, Neil. Aiken Drilling	
Well ID (Well Tag) on Well Log:L-	138724	Total depth	700 ft	Casing diameter (inches): 8" Bottom
Start Card # on Well Log:	1048692	Owner on well log:	Laura Ann McCallum Trust	
Date drilled:	8/28/2020			

Water-Level Measurement

Date of measurement: 5/19/2022

Measurements should be made to at least the nearest tenth of a foot (10.2'), the nearest inch (10' 3") or the nearest pound, if using a gage.

Depth to water below measuring point:	425ft	Airline length or transducer depth:	546	feet
Measuring point height above/below land surface:	+18"	Airline pressure:	52	psi x 2.31= 120.12 feet
Depth to water below land surface:	423.5	Shut-in pressure:	N/A	psi x 2.31= feet

Measurement Status: Static  Pumping  Rising  Flowing  Other

Measurement Method: E-tape  Airline  Other

Length of time well was idle prior to measurement: 200 +/- Day

Measuring point description: .25" airline under well cap

The measuring point is the reference point from which the measurement is made. Examples are: 1/2" access port in well cap; 1-1/2" port pipe on N side; pressure gage.

Comments: .25" airline under well cap

When did water use begin for this well under this permit? Month Year

I hereby certify that the information on this report is accurate and represents the static water level in the well at the time of measurement.

Person making measurement (print): Bryan Gribkov  
 Signature of measurer:  
 Company: Cascade Pump & Irrigation Services LLC  
 Licensed number (circle license type: CWRE, RG, PE, WWC, Pump Installer): 9-298CPI  
 Daytime phone number: 541-389-7867  
 Email address: bryana@cpisbend.com

If you have any questions about this notice, please call the Measurement & Reporting Section of the Department at 503-986-0822.  
**Return this Form to: OWRD, Meas & Rept Section, 725 Summer St. NE, Suite. A, Salem, OR 97301-1266 or email as an attachment to reportingmmts@wrdd.state.or.us.** Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>



Owner Information:

OWNER NAME/BUSINESS NAME: Laura Ann McCallum Trust		PHONE No.: 541.306.0686	ADDITIONAL CONTACT No.:
ADDRESS: 69401 Goodrich Rd.			
CITY: Sisters	STATE: OR	ZIP: 97759	E-MAIL: lauriemccallum@hotmail.com

Pump Test Conducted By (If Different From Owner):

TEST CONDUCTED BY NAME: Bryan Gribskov	QUALIFICATION: (SELECT) Pump Installer <input checked="" type="checkbox"/>	LICENSE #: 9-298CPI, CCB 92865
COMPANY: Cascade Pump and Irrigation Services LLC.	PHONE No.: 541.389.7867	ADDITIONAL CONTACT No.:
ADDRESS: 62967 Layton Ave.		
CITY: Bend	STATE: OR	ZIP: 97701 E-MAIL: bryang@cpisbend.com

Tested Well Information (please attach well log(s) if available):

WELL LOG # (Ex: MARI 99999)	WELL TAG # (Ex: L-999999)	WELL NAME OR #	WELL DEPTH	ORIGINAL OWNER	DATE DRILLED	TEST DATE
DESC 6227	L- 138724	Supplemental IRR	700 ft	Laura Ann McCallum	8/28/2020	5/19/2022

(CONTINUED)

TWP (Ex: 25S)	RNG (Ex: 31E)	SEC (Ex: 12)	QQ (Ex: SE/SW)	SURVEYED LOCATION (Ex: 100 ft N & 735 ft E fr SE cor, sec 5)	LATITUDE (Ex: 44.94473859)	LONGITUDE (Ex: -123.02787000)
14S	11E	31	SW/NE		44.31448389	-121.45848340

List all water rights for which you are submitting this test. Please indicate if the tested well is listed as an authorized source of water on each water right. If not, you may also need to fill out a multiple well exemption (MWE) request form.

APPLICATION	PERMIT	TRANSFER	CERTIFICATE	IS THE TESTED WELL AN AUTHORIZED POA ON THIS RIGHT?
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)
G-	G-	T-		<input type="radio"/> Yes <input checked="" type="radio"/> No (Need MWE Form)

Nearby Wells and Streams: Please check yes or no. Do not leave blank.

Are there any wells, other than domestic or stock wells, within 1000 feet of the tested well?  
If yes, identify the well by OWRD log number or attach a copy of the well log. Note the approximate distance to each well from the tested well and the approximate pumping rate of each.  
If possible, indicate if they were turned on or off during the test or within 24 hours prior to the test (Indicate Not Pumped, if applicable).

WELL LOG # (Ex: MARI 99999)	BEARING & DISTANCE FROM PUMPED WELL (FT)	DATE & TIME PUMP ON	DATE & TIME PUMP OFF	PUMPING RATE (GPM)

Is there a lake, stream or other surface water body within 1/4 mile of the tested well?  
If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head.  
Well elevation is  below the surface water body.  
Approximate distance: 100 ft.  
Approximate elevation difference: 10 ft.

Was the test conducted during normal use of the well?  
Please indicate where pumped water was discharged: Holding Pond  
How far from the pumped well was water discharged? 100 ft.

Additional forms can be found at: <https://www.oregon.gov/owrd/Forms/Pages/default.aspx>.



Water-Level Measurement Method: Airline

\*Verify here: { Airline: 52 psi 120.12 feet.  
E-Tape: 425 feet.

Length of air line (if used): \_\_\_\_\_

\*Airline measurements must be verified by an E-Tape measurement

Pressure transducer (if used): \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_

Date Last Calibrated: \_\_\_\_\_ Units: \_\_\_\_\_

Pump Type: Submersible

HP: 60 Pump set at: 546 feet.

Pump idle time: 200+ Day's

Discharge Measurement Method: \_\_\_\_\_

Flowmeter (if used): \_\_\_\_\_

Manufacturer: Seametrics Serial #: \_\_\_\_\_

Date Last Calibrated: 9/2020 Units: GPM

Note: Well must be idle for at least 16 hours prior to the test. Additional forms can be obtained from our web site at: <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

Measuring Point (MP): Measuring point distance above land surface 1.5 feet.

Description (e.g., top port of 1 inch port pipe, west side) Under Well Cap

Time pump turned on: Date 5/19/2022 Time 10:30am

Time pump turned off: Date 5/19/2022 Time 2:30pm

Total pumping time: 4 hours \_\_\_\_\_ minutes.

Remember, your pump test may not be approved unless it meets the following criteria\*:

- The discharge rate was held constant for the entire pumping phase.
- The pump was on during the entire pumping phase (≥ 4 hours).
- The discharge was measured at the start of pumping and at least once every hour during the test.
- Water levels were measured to an accuracy of 0.1 feet or 0.5 percent.
- Pre-test static water levels were measured at least three times in the hour before pumping began at no less than 20 minutes apart.
- Water levels were measured at the specified intervals during the pumping phase of the test for at least four hours (≤2 min for the first 10 minutes, ≤5 min for 10 – 30 minutes, and ≤15 min for the remainder of the test)
- Water levels were measured at the specified intervals (see above) during the recovery phase of the test for four hours or until 90 percent of the maximum drawdown has recovered.
- If using an airline, measurements were calibrated with an E-Tape and the depth to water was ≥ 300 feet.
- The pump test cover sheet was completely filled out and signed.
- The pumping rate was as close as reasonably possible to the (anticipated) pumping rate during normal use of the well.
- The well was idle for at least 16 hours prior to the test.
- The pump test was completed by an acceptably qualified person (Oregon licensed water well constructors; Oregon registered professional geologists or certified engineering geologists; certified water rights examiners; Oregon registered professional engineers; and individuals whose primary occupation involves, wholly or in significant part, pump installation, service, or testing).

\*This checklist is intended for information purposes only and does not guarantee a pump test approval. The Department reserves all authority pertaining to the implementation of the rules under OAR 690-217.

Pump tests are intended to provide aquifer and well information for ground water resource characterization and to help solve well problems (OAR 690-217-0015(9)).

Pump test requirements for OAR 690-217 can be found online at:

[https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID\\_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2\\_ROSs!-277278532?selectedDivision=3186](https://secure.sos.state.or.us/oard/displayDivisionRules.action;JSESSIONID_OARD=1BdwLynsYAPNSQtW330ZjSFZuMscp4Hfil-1ftsDAAEsMC2_ROSs!-277278532?selectedDivision=3186).

Submit forms to: Attn: Certificates Section, Oregon Water Resources Department  
725 Summer St NE Suite A, Salem, OR 97301

Forms may additionally be sent to [WRD\\_DL\\_pumptestsupport@oregon.gov](mailto:WRD_DL_pumptestsupport@oregon.gov)

I hereby certify that this test has been conducted in accordance with OAR 690-217:

OPERATOR SIGNATURE: [Signature] DATE: 5/24/2022

OWNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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STATE OF OREGON WATER SUPPLY WELL REPORT N 1 8 2022 (as required by ORS 537.765 & OAR 690-205-0210)

DESC 62227 9/12/2020

WELL I.D. LABEL# L 138724 START CARD # 1048692 ORIGINAL LOG #

(1) LAND OWNER Owner Well ID: OWRD First Name: Company: LAURA ANN MCCALLUM TRUST Address: 69401 GOODRICH RD City: SISTERS State: OR Zip: 97759

(2) TYPE OF WORK [X] New Well [ ] Deepening [ ] Conversion [ ] Alteration (complete 2a & 10) [ ] Abandonment (complete 5a)

(2a) PRE-ALTERATION Casing: Seal: Material From To Amt sacks/lbs

(3) DRILL METHOD [X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud [ ] Reverse Rotary [ ] Other

(4) PROPOSED USE [ ] Domestic [X] Irrigation [ ] Community [ ] Industrial/ Commercial [ ] Livestock [ ] Dewatering [ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION Special Standard [ ] (Attach copy) Depth of Completed Well 700.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, lbs. Rows include Bentonite and Calculated values.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E [X] Other BENTONITE DRY Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [ ] Yes Type Amount

(5a) ABANDONMENT USING UNHYDRATED BENTONITE Proposed Amount Actual Amount

(6) CASING/LINER Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) Temp casing [ ] Yes Dia From + To

(7) PERFORATIONS/SCREENS Perforations Method FACTORY CUT Screens Type Material Perf/ Casing/ Screen Screen Liner Dia From To Scrm/slot width Slot length # of slots Tel/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour [X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

Temperature 55 °F Lab analysis [ ] Yes By Water quality concerns? [ ] Yes (describe below) TDS amount 50 ppm From To Description Amount Units

(9) LOCATION OF WELL (legal description) County DESCHUTES Twp 14.00 S N/S Range 11.00 E E/W WM Sec 31 SW 1/4 of the NE 1/4 Tax Lot 600 Tax Map Number Lot Lat 44.31448389 DMS or DD Long -121.45848340 DMS or DD [X] Street address of well [ ] Nearest address

69401 GOODRICH RD

(10) STATIC WATER LEVEL Date SWL(psi) + SWL(ft) Existing Well / Pre-Alteration Completed Well 8/23/2020 418 Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 421.00 SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG Ground Elevation Material From To Soft Top Soil Brown 0 3 Brown SS Congl 3 8 Broken SS Black Congl 8 15 Soft Brown SS Congl 15 22 Midd Brown SS Congl 22 40 Lava rock 40 60 Brown Tan SS Congl Tuff 60 73 Brown SS Tuff Congl 73 90 lava rock 90 96 Brown Marron SS Tuff Congl 96 115 Brown Tan SS Congl 115 155 Tan ss 155 165 Brown SS - Tuff 165 168 Fractured lava rock 168 170 Brown SS (4yd sand Grout cement 75-180 170 205 Gray SS with Lava 205 240 Brown SS with lava congl 240 286 Red Cinders lava with brown congl 286 325 Brown SS - Tuff 325 362

Date Started 8/24/2020 Completed 8/28/2020

(unbonded) Water Well Constructor Certification I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. License Number 2025 Date 9/12/2020 Signed SHAUN ALEXANDER (E-filed)

(bonded) Water Well Constructor Certification I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. License Number 1970 Date 9/12/2020 Signed NEIL FAGEN (E-filed) Contact Info (optional) 541-548-1245





WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

DESC 62227

9/12/2020

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OWRD

Map of Hole

STATE OF OREGON  
WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301  
(503)986-0900



LOCATION OF WELL

Latitude: 44.31448389 Datum: WGS84

Longitude: -121.45848340

Township/Range/Section/Quarter-Quarter Section:

WM14.00S11.00E31SWNE

Address of Well:

69401 GOODRICH RD

Well Label: 138724

Printed: September 12, 2020

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

