

STATE OF OREGON
WATER SUPPLY WELL REPORT

CROO 55690

WELL I.D. LABEL# L

Page 1 of 2

151917

START CARD #

1078891

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

9/3/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name WADE

Last Name FLEGEL

Company _____

Address 9271 NW MCCABE ROAD

City POWELL BUTTE

State OR

Zip 97753

(2) TYPE OF WORK

☒ New Well

☐ Deepening

☐ Conversion

☐ Alteration (complete 2a & 10)

☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

Material From To Amt sacks/lbs

Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud

☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community

☐ Industrial/ Commercial ☒ Livestock ☐ Dewatering

☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 426.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/ lbs
12	0	20	Bentonite Chips	0	20	14	S
8	20	426			Calculated	11.34	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 8/23/2025 Begin Time 14 30

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
C	8	☒	1.25	20	0.250	ST	☒			
L	5		2	426	SDR26	PL		☒		

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Skill saw

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		5	406	426	.125	6	64	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	35		405	1.3

Temperature 58 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 215 mg/L

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County CROOK Twp 15.00 S N/S Range 15.00 E E/W WM

Sec 7 SE 1/4 of the SW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.27681440 DMS or DD

Long _____ ° _____ ' _____ " or -120.98178656 DMS or DD

☒ Street address of well ☐ Nearest address

10983 SW JL RANCH ROAD, POWELL BUTTE, OR 97753

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/30/2025			312
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 387.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/30/2025	387	426	35			312

(11) WELL LOG

Ground Elevation 3094.91 FT

Material	From	To
Loose Rock	0	1
Hard Gray Basalt	1	67
Brown & Green Volcanics	67	69
Hard Gray Basalt	69	157
Brown Sandstone	157	168
Hard Gray Basalt	168	285
Brown & Tan Sandstone	285	341
Hard Gray Basalt some broken seams	341	383
Red Cinder & Basalt Chunks	383	397
Fractured Gray Basalt	397	426

Construction

Begin Date 8/8/2025 Begin Time 23 45 End Date 8/30/2025

(unbonded) Water Well Constructor Certification

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

License Number _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number 1385 Date 9/3/2025

Signed ROBERT BUCKNER (E-filed)

Drilling Company: Western Water Development Corp.

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

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

CROO 55690

9/3/2025

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: 44.27681440 Datum: WGS84

Longitude: -120.98178656

Township/Range/Section/Quarter-Quarter Section:

WM15.00S15.00E7SESW

Address of Well:

10983 SW JL RANCH ROAD, POWELL BUTTE, OR 97753

Well Label: 151917

Printed: September 3, 2025

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

