

14S/10E/22BB

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SEP 15 1995

(START CARD) # 79185

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

(1) OWNER: _____ Well Number _____ SA _____
Name Chuck Newport
Address P.O. Box 9
City Sisters State Ore. Zip 97759

SALEM, OREGON
 (5) LOCATION OF WELL by legal description:

County DESC Latitude _____ Longitude _____
Township 14 N or S O Range 10 E or W. WM. _____
Section 22 NW 1/4 NW 1/4 _____
Tax Lot 1801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Stevens Cyn. Rd

(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 425 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
6"	280	425				

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:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	NONE				☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

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

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing ☐ Artesian
Yield gal/min	Drawdown	Drill stem at	Time
50*	0	420	1 hr.

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: _____

(10) STATIC WATER LEVEL:

208 ft. below land surface.

Date 9-11-95

Artesian pressure lb. per square inch.

(11) WATER BEARING ZONES:

Depth at which water was first found 220

From	To	Estimated Flow Rate	SWL
220	425	50+	200

(12) WELL LOG:

Ground Elevation

[illegible]

Date started 9-11-95 Completed 9-11-95

(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. *Stelzer*

Signed W. L. Randall WWC Number _____
Date 9-11-95

(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 Doug Allen WWC Number 1753
Date 9-11-91



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

Application for Well ID Number

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NOV 24 2021

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

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): Don Corson & Lara Johnson Corson

Mailing Address: 4625 Spring Blvd

City, State, Zip: Eugene OR 97405

Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

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

Township: 14 S (North / South) Range: 10 E (East / West) Section: 22 NW 1/4 of the SE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 400 County Deschutes

GPS Coordinates: _____

Street Address of Well, City: 70150 Stevens Canyon Road, Sisters

If the property had a different street address in the past: formerly tax lot 1801

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

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation

Date Well Constructed (or property built): Sept 17, 1991 Total Well Depth: 280' to 425' Casing Diameter: 8"

Owner at time the well was constructed (if known): Chuck Newport Well Report # (if known): DESC 1045 +

Other Information: DESC 10123

SUBMITTED BY (please print): Laura Hughes with Fred Real Estate Group

PHONE: 480-650-7244 EMAIL &/or FAX: Laura@FredRealEstate.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301, fax to (503) 986-0902, or you are welcome to email the completed form to Ladeena.K.Ashley@oregon.gov.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

11-24-21

Well Report Number:

DESC 1045 ORIGINAL
DESC 10123 DEEPENING

Well Identification #:

L-145421