DESC 1055

20s/11E/7b

20s/11E/7b 11500 DESC 1055

OCT - 7 1991

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WATER RESOURCES DEPT.

(START CARD) # 35201

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

Well Number: SAME

(1) OWNER:
Name Raymond E and Barbara Stewart
Address 62284 Falkson Rd
City Sunriver State OR Zip 97702

(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 60 ft.
Explosives used Yes ☐ No ☒ Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10"	0	20	Cement	0	20	10 sacks
6 11 ~~6~~	20	60				

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:	6"	+1	60	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) ____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Torch
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
50	58	1/8	24			☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
12 APM	0		1 hr.

Temperature of water 51 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 20 N or S. Range 11 E or W. WM. per S.C. 32201
Section 7B 1/4 ____ 1/4 ____
Tax Lot 11500 Lot 3 Block 8 Subdivision ~~30~~ 5-5-9
Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 10-2-91
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 45 ft.

From	To	Estimated Flow Rate	SWL
45'	60'		14'

(12) WELL LOG: Ground elevation ____

Material	From	To	SWL
Pumice	0	6'	
Clay & Sand	6'	45'	
Sand & Gravel	45	60'	14'

Date started 10-1-91 Completed 10-2-91

(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.
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 construction standards. This report is true to the best of my knowledge and belief.
WWC Number 13 6
Signed [illegible] Date ____

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER

MAY 1 1994

OR FORM WCL 8-94

Sep 07 05 10:11a DOUGLAS YOST 541 593 5761 p.2

80064

RECEIVED
SEP 07 2005
WATER RESOURCES DEPT.
SALEM, OREGON

For Official Use Only by The Oregon Water Resources Department:

Received Date:

Well Log Number: Desc 1055

Well Identification Tag #: L-80064

APPLICATION FOR A WELL IDENTIFICATION TAG

For wells not located on your property see attached instructions.

PLEASE PRINT

LANDOWNER INFORMATION

Current landowner's name and mailing address: DOUGLAS A YOST
P.O. BOX 3688 - SUNRIVER, OREGON 97707

Mail tag and paperwork to: (current landowner or realtor, or to buyer if property has closed in escrow)
CURRENT LANDOWNER

Application submitted by: (name & phone, fax # or e-mail) DOUGLAS A YOST
PHONE (541) 593-8457 FAX (541) 593-5761

WELL LOCATION INFORMATION

Township #: 20 (North or South) Range #: 11 (East or West)

Section # 7-B Tax Lot #: 11500 County DESCHUTES

Street address & city of well: 56643 LUNAR DRIVE BEND OR 97707

Owner at time the well was drilled, if known: (see attached instructions) RAYMOND STEWART

If the property had a different street address in the past, please indicate it, if known: _____

If known: 1/4 ____ 1/4 ____ Lot# 3 Block# 8 Subdivision DESCHUTES RIVER RECREATION HOMESITES

WELL INFORMATION

(You do not need to complete this section if the well report is attached – see instructions to obtain well report.)

SEE ATTACHED

Type of Well (i.e.; domestic, irrigation, commercial, industrial, monitoring, etc.): _____
Date Well Constructed: _____ Well Depth: _____ Casing Diameter: _____
Other Information: _____

Applications can be mailed to: Oregon Water Resources Department – 725 Summer Street N.E., Suite A - Salem, OR 97301-1271 OR fax to 503-986-0902. Applications are processed and tags mailed every Tuesday. **Thank you for participating in Oregon's Well Identification Program!**

(revised 8/05)