tax map 21 10 36 BD 01000
lt 8, blk1 Cable #5 SE¼ of NW¼

BD

STATE OF OREGON

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

DESC 031 21S/10E/36 BC

(START CARD) # W-15396

(1) OWNER:
Name Dora Mae Marburger Well Number KRUGER
Address 4107 Melqua Road
City Roseburg State OR Zip 97470

(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 34 ft.
Explosives used Yes ☐ No ☒ Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
10"	0	18	Cement	0	18	9 sacks
6"	18	34				

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	0	34	250	☐	☒	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Saw-cut
☐ Screens Type 160 PSi Material Plastic

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
23	34	.020	1100	6		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
12	6		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 21-S N or S, Range 10-E E or W, WM.
Section 36 S.W. ¼ N.W. ¼
Tax Lot 1000 Lot 8 Block 1 Subdivision Cable
Street Address of Well (or nearest address) Sub #5

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 4-18-90
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:
Depth at which water was first found 22

From	To	Estimated Flow Rate	SWL
22	34	12	18

(12) WELL LOG:
Ground elevation

Material	From	To	SWL
Pumice	0	5	
Sand coarse w/fines	5	15	
Clay & Gravel	15	20	0
Clay & fine sand	20	25	18
Coarse sand w/fines	25	34	

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NOV 19 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 4-16-90 Completed 4-18-90

(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.

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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 1389
Signed Ronald N. Downum Date 4-20-90

DESC 31

75631

For Official Use Only by **The Oregon Water Resources Department:**

Received Date:	County Well Log ID #	Well Identification Tag #
11-19-04	DESC 5639 c31	L-75631

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WATER RESOURCES DEPT
SALEM, OREGON

WELL IDENTIFICATION APPLICATION FORM

INSTRUCTIONS ARE IN THE ACCOMPANYING "DEAR LANDOWNER" LETTER. FOR SHARED WELLS PLEASE SEE THE 3RD PARAGRAPH FROM THE TOP IN THE LETTER.

BUYER OR CURRENT LANDOWNER (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here. **Tag will be mailed out in approximately 10 days)**

Name: DORA M. KRUGER % Cascade Realty

Mailing Address: P.O. Box 426

City: LA PINE State: OR Zip: 97739 Phone: (541) 536-1721

ATT: PAT

WELL LOCATION:

County: Deschutes Well # _____ *(if multiple wells exist on same property-ie: well #1,#2, etc.)*

Township: _____ North *or* South, Range: _____ East *or* West, Section: _____, _____1/4 _____1/4
(circle one) *(circle one)* *(If known)*

Tax Lot #: _____ Type of Well: water supply? _____ monitoring? _____
(not the county's tax acct.#) *(Ex: domestic or irrigation use)* *(Ex: monitoring groundwater for contaminants)*

Address of Well: 52603 Antler La Pine
(Number) *(Street)* *(City)*

(Optional): Does this well have a formal water right associated with it? Yes: _____ No: X
(If unknown you may want to contact the Water Rights Group at 503-986-0945 for research)

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

(Optional): Latitude _____ Longitude _____ *(May sometimes be obtained from Well Log Report)*

WELL INFORMATION: **IF ATTACHING A WELL LOG BE CERTAIN THAT THE LANDOWNER ON THE LOG WAS A PREVIOUS OWNER OF THE WELL PROPERTY. CONTACT THE COUNTY ASSESSOR FOR CONFIRMATION.** If a well report is not available please complete as much of the following as possible, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor - see instructions.)

Start Card #: _____ Approx. Well Construction Date: _____

Well Constructor: _____

Name of Land Owner at Time of Construction (***or prior landowners, going back in time to when well was constructed***)

_____

Well Depth (in feet): _____ Static Water Level (*in feet*): _____

Diameter of Exposed Well Casing (*in inches*): _____

Please Return Completed Form to: **Well ID Program @ Oregon Water Resources Department**
725 Summer St. NE, Suite A, Salem, OR 97301-2430, *or fax to 503-986-0902* (App9-03)