

DESC 3326

SEP - 6 1989

OCT 04 1989 / 55 / 11E / 27dd

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

WATER RESOURCES DEPT. WATER RESOURCES DEPT. 1594 labeled SALEM, OREGON (START CARD)

(1) OWNER: Stephen Jaqua, Well Number: 67200 Fryrear Rd, Bend, Ore 97701

(2) TYPE OF WORK: [X] New Well, [ ] Deepen, [ ] Recondition, [ ] Abandon

(3) DRILL METHOD: [X] Rotary Air, [ ] Rotary Mud, [ ] Cable, [ ] Other

(4) PROPOSED USE: [ ] Domestic, [ ] Community, [ ] Industrial, [X] Irrigation, [ ] Thermal, [ ] Injection, [ ] Other exploratory

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No, Depth of Completed Well 350 ft., Explosives used [ ] [X] Type Amount

Table with columns: HOLE Diameter, From, To, SEAL Material, From, To, Amount sacks or pounds. Row 1: 10", 0, 23, bentonite, 0, 23, 8sacks. Row 2: 6", 23, 350.

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E, [X] Other poured. Backfill placed from ft. to ft. Material. Gravel placed from ft. to ft. Size of gravel.

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 6", +1, 23, .250, [X] Steel, [ ] Plastic, [X] Welded, [ ] Threaded.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [ ] Perforations Method, [ ] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [ ] Pump, [ ] Bailer, [X] Air, [ ] Flowing Artesian. Yield gal/min 30/40, Drawdown, Drill stem at 350, Time 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 Des, Latitude, Longitude, Township 15 S, Range 11 E, Section 27, Tax Lot 5900, Street Address of Well 67200 Fryrear Rd. Bend, Ore

(10) STATIC WATER LEVEL: 259 ft. below land surface, Date 8-4-89, Artesian pressure lb. per square inch, Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 270, 350, 300 gpm, 259.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Rows include sandy soil, clayey brn sand, tan clay, brn ss, gray frac basalt, red cinders, gray basalt, tan congl, red cinders, no return med, no return soft, no return firm, soft no return, gray basalt, redish gray basalt, lt orange tuft, gray basalt, gray frac basalt (WB), gray basalt w/seams (WB).

Date started 7-29-89, Completed 8-4-89

(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. Signed [Signature] WWC Number 1317, Date 8-30-89

(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. Signed [Signature] WWC Number 595, Date 8-30-89

For Official Use Only by The Oregon Water Resources Department:

Received Date:

County Well Log ID #

Well Identification Tag #

RECEIVED

DESC 3326

L-26417

AUG 24 2004

WATER RESOURCES DEPT. WELL IDENTIFICATION APPLICATION FORM SALEM, OREGON

INSTRUCTIONS ARE IN THE LETTER ON THE REVERSE SIDE OF THIS APPLICATION. FOR SHARED WELLS PLEASE SEE THE 2ND PARAGRAPH FROM THE TOP ON 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: Mimi Graves

Mailing Address: 67200 Sage Ranch Rd

City: Bend State: OR Zip: 97701 Phone: (541) 383 3902

WELL LOCATION:

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

Township: 15S North or South Range: 11E East or West Section: 27 SE 1/4 SE 1/4 (circle one) (circle one) (If known)

Tax Lot #: 5902 Type of Well: water supply? irrigation monitoring? (not the county's tax acct.#) (Ex: domestic or irrigation use) (Ex: monitoring groundwater for contaminants)

Address of Well: same as above (Number) (Street) (City)

(Optional): Does this well have a formal water right associated with it? Yes: X No: (If unknown you may want to contact the Water Rights Group at 503-378-3739 extension 201 for research)

If Yes: Application #: G 12460 Permit #: G 11400 Certificate #:

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

WELL INFORMATION: If available, attach copy of driller's well report. If 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 #: 20925 Approx. Well Construction Date: 6-15-90

Well Constructor: W.D. Williams / John V. Johnson

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

Well Depth (in feet): 347 Static Water Level (in feet): 261

Diameter of Exposed Well Casing (in inches): 10"

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department 158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130 (App-July03)

26417