

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

DESC 51967

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OCT 0 8 1998

Lost!
 WELL ID # **L23808** *L 140920*
 (START CARD) # **102009**

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

(1) OWNER: Well Number: **1** SALEM, OREGON
 Name **Deschutes County Fair Association**
 Address **3800 SW Airport Way**
 City **Redmond** State **OR** Zip **97756**

(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 **450** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
17.5"	0	452	Cement	0	30	66 Sacks

How was seal placed: Method A B C D E
 Other
 Backfill placed from **30** ft. to **314** ft. Material **11cyd Grout**
 Gravel placed from **314** ft. to **450** ft. Size of gravel **#6 Silica Re**

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	12"	+1.5	378.5250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type **304L** Material **Stainless**

From	To	Slot size	Number	Diameter	Tele/pipe		Casing	Liner
					size	Pipe		
378.5	448.5	.070		12"			<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
425	34	420	12 hr.

Temperature of Water **54** 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 **15S** N or S. Range **13E** E or W. of WM.
 Section **28** **SW** % **SW** %
 Tax Lot **100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
3800 SW Airport Way, Redmond, OR

(10) STATIC WATER LEVEL:
358 ft. below land surface. Date **5/8/98**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **358**

From	To	Estimated Flow Rate	SWL
361	452	500+	400

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Gray Basalt	0	30	
Red Cinders & Pumice	30	34	
Gray Basalt	34	83	
Red Cinders & Ash	83	93	
Brown Ash & Basalt	93	97	
Void	97	102	
Broken Basalt	102	142	
Gray Basalt Rough Broken	142	144	
Gray Basalt	144	159	
Red Cinders & Gray Basalt	159	193	
Broken Basalt & Fractures	193	241	
Brown Tufted Ash	241	264	
Gray Tufted Ash	264	297	
Red cinders	297	306	
Broken Gray Basalt	306	314	
Brown & Black Sandstone	314	340	
Black Gray Basalt	340	361	
Red Cinders WB	361	366	358
Brown & Black Sandstone WB	366	384	358
Brown & Red Tufted Ash WB	384	417	358
See next line	417	452	358
Brown & Black Sandstone & Gravels WB			

Date started **4/11/98** Completed **5/22/98**

(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 my best knowledge and belief.
 Signed _____ WWC Number _____
 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 supply well construction standards. This report is true to the best of my knowledge and belief.
 Signed *Robert Buckner* WWC Number **1385**
 Date **10-3-98**
Western Water Development Corporation



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

RECEIVED

NOV 24 2020

OWRD

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

I. OWNER INFORMATION

Current Owner Name (please print): Deschutes County
 Mailing Address: 3800 SW Airport Way
 City, State, Zip: Redmond, OR 97756
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Attn: Maarten Leunen 3800 SW Airport Way
 City, State, Zip: Redmond, OR 97756

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

Township: 15 S (North / South) Range: 13 E (East / West) Section: 28 SW 1/4 of the SW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 100 County Deschutes
 GPS Coordinates: 44.23634 -121.184435
 Street Address of Well, City: 3800 SW Airport Way, Redmond, OR 97756
 If the property had a different street address in the past: _____

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): 4-11-1998 Total Well Depth: 607' Casing Diameter: 12"
 Owner at time the well was constructed (if known): Deschutes County Fair Association Well Report # (if known): DESC 51967 & 56846
 Other Information: Tag L-23808 is lost and a replacement is needed.

SUBMITTED BY (please print): Bryce Withers, Water Right Services, LLC
 PHONE: 541-408-1400 EMAIL &/or FAX: brycewrs@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
 Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:
11-24-2020

Well Report Number:
DESC 51967 (orig)
DESC 56846 (deep)

Well Identification #:
L140920