Amended 7/17/2026

DESC 54986

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Amended

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

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

WELL I.D. # L 39448

START CARD # XX 151574

(1) LAND OWNER Well Number #1

Name Tom CAFFAZZO

Address 1668 West Hills Rd

City Ph.lomath State OR. Zip 97370

(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 310' ft.

Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12	0	18	Bentonite	0	18	17
8	18	310				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other POURED DRY

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:	8	+2	18	250	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	6	-10	300	188	☒	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☒ Perforations Method FACTORY

☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☒
290	310	1/8	100	6		☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40	-0-	300	1 hr.

Temperature of water 55 Depth Artesian Flow Found -0-

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 44.31696000 Longitude -121.12555000

Township 14S N or S Range 13E E or W WM.

Section 36 B NW ~~SW~~ 1/4 NW ~~SE~~ 1/4

Tax Lot 1200 Lot Block Subdivision

Street Address of Well (or nearest address) 3550 Butler Rd Redmond, OR.

(10) STATIC WATER LEVEL:

280' ft. below land surface. Date 9-21-02

Artesian pressure lb. per square inch Date

(11) WATER BEARING ZONES:

Depth at which water was first found 290'

From	To	Estimated Flow Rate	SWL
290	310	40	280

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Top Soil	0	1	
BASALT	1	192	
BROWN SANDSTONE	192	290	
COARSE SANDSTONE & BASALT	290	308	280
BASALT	308	310	

RECEIVED
DEC 30 2002
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
OCT 07 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-20-02 Completed 9-21-02

(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.

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

WWC Number 1477

Signed Date 9-23-02

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

DESC 54986

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
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WELL I.D. # L _____
START CARD # L-151574

(1) LAND OWNER Well Number 1
Name Tom CAFFAZZO
Address 1668 West Hills Rd
City Ph.ICOMATH State OR. Zip 97870

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☒ 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

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Special Construction approval ☐ Yes ☒ No Depth of Completed Well 310' ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
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8	18	310				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
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Backfill placed from ____ ft. to ____ ft. Material _____
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☒ Perforations Method FACTORY
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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 14S N or S Range 13E E or W. WM.
Section 36 B SE 1/4 SE 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3550 BUTLER Rd REDMOND, OR.

(10) STATIC WATER LEVEL:
280' ft. below land surface. Date 9-21-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
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OCT 07 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-20-02 Completed 9-21-02

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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.
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 supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1677
Signed Daniel Denis Date 9-23-02

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