

STATE OF OREGON  
**Water Supply Well Report**

(as required by ORS 537.765)

DESC 56749  
**DESC 56749**  
 DESC

Received Date: **05-20-2005**

Well ID Tag # L ~~68933~~ **125011**  
 lost!

Start Card # **173005**

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

**(1) Owner** Well Number: \_\_\_\_\_  
 Name: \_\_\_\_\_  
**TAILWIND RACING**  
 Street: **64000 JOHNSON RD**  
 City: **BEND** State: **OR** Zip Code: **97701**

**(2) Type of Work**  
 New  Alter (Recondition)  Alter (Repair)  
 Deepening  Abandonment

**(3) Drill Method**  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other: \_\_\_\_\_

**(4) Proposed Use**  
 Domestic  Community  Industrial  Irrigation  Injection  
 Livestock  Thermal Other: \_\_\_\_\_

**(5) Bore Hole Construction**  
 Special Standards: Depth of completed well: **490.00 ft.**  
 Explosives Used: Amount: \_\_\_\_\_ Type: \_\_\_\_\_  
 Hole Seal  

Diameter	From	To	Mtrl	From	To	Sacks/lbs
<b>6.00</b>	<b>410.00</b>	<b>490.00</b>				

  
 How was seal placed? \_\_\_\_\_ Other: **DID NOT DISTURB**  
 Back fill placed from: \_\_\_\_\_ Material: \_\_\_\_\_  
 Filter pack from: \_\_\_\_\_ Size: \_\_\_\_\_

**(6) Casing / Liner**  
 Csng/ \_\_\_\_\_ Shoe \_\_\_\_\_  

Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used

**(7) Perforation / Screens**  
 Perforations: \_\_\_\_\_ Csng/ \_\_\_\_\_  

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Lnr	Method

  
 Screens: \_\_\_\_\_  

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

**(8) Well Tests (Minimum testing time is one hour)**  

Type	Yield	Units	Drawdown	Stem at	Duration
<b>A</b>	<b>25.00</b>	<b>G</b>		<b>490.00</b>	<b>1.00</b>

Temperature of Water: **51 F**  
 Was water analysis done?  Depth of artesian flow: \_\_\_\_\_  
 by whom? \_\_\_\_\_  
 Did any strata contain water unsuitable for use?  Too Little  Salty  
 Muddy  Odor  Colored other: \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

**(9) Location of Hole by legal description**  
 County: **DESC** Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Township: **17.00 S** Range: **12.00 E**  
 Section: **6 NWNE** Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Tax Lot: **400** Subdivision: \_\_\_\_\_  
 Street Address of Well (or nearest address):  
**64000 JOHNSON RD**  
 MAP, with location identified, must be attached.

**(10) Static Water Level**  
 Feet below land surface: **327.0** Date: **05 / 04 / 2004**  
 Artesian Pressure: \_\_\_\_\_ Date: \_\_\_\_\_

**(11) Water Bearing Zones**  
 Depth at which water was first found: **410.00 ft.**  

From	To	est Flow	swl
<b>435.00</b>	<b>470.00</b>	<b>25.00</b>	<b>327</b>

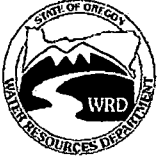
**(12) Well Log** Ground Elevation: \_\_\_\_\_

Material	From	To	swl
<b>BEGINNING SWL</b>	<b>0.00</b>	<b>0.00</b>	<b>351</b>
<b>BASALT BROKEN</b>	<b>410.00</b>	<b>415.00</b>	
<b>CINDER CONGLOMERATE</b>	<b>415.00</b>	<b>435.00</b>	
<b>BASALT FRACTURED</b>	<b>435.00</b>	<b>470.00</b>	<b>327</b>
<b>SANDSTONE BROWN</b>	<b>470.00</b>	<b>490.00</b>	<b>327</b>

Date Started: **05 / 04 / 2005** Date Completed: **05 / 04 / 2005**

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I perform 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 the best knowledge and belief.  
 Signed by: **JACK ABBAS** WWC #: **1720**

**(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.  
 Signed by: **JACK ABBAS** WWC #: **1720**  
**ABBAS WELL DRILLING CO** Phone: **541-548-2787**



Oregon Water Resources Department  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(503) 986-0900  
www.wrd.state.or.us

# Application for Well ID Number

RECEIVED

NOV 07 2016

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

## I. OWNER INFORMATION

WATER RESOURCES DEPT  
SALEM, OREGON

Current Owner Name (please print): TAILWIND RACING

Mailing Address: 64000 JOHNSON ROAD

City, State, Zip: BEND, OR 97701

Mail Well ID Tag to:  SAME AS ABOVE  In Care Of (C/O)

Name & Address: JOHN SHORT / WATER RIGHT SERVICE PO BOX 1830

City, State, Zip: BEND, OR 97709

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

Township: 17S (North / South) Range: 12E (East / West) Section: 6 NW 1/4 of the NE 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 400 County DESCHUTES

GPS Coordinates: 44 07'32.15"N 121 20' 06.33"W

Street Address of Well, City: 64000 JOHNSON ROAD, BEND OR 97701 DESCHUTES COUNTY

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 Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): DOMESTIC

Date Well Constructed (or property built): 5-4-05 Total Well Depth: 490' Casing Diameter: N/A

Owner at time the well was constructed (if known): TAILWIND RACING Well Log # (if known): DESC 56749 (L-68933)

Other Information: TAG LOST!

SUBMITTED BY (please print): CHRIS SMITH

PHONE: 541-815-7417 EMAIL &/or FAX: smittyct@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.

\* Replacement tag! L-68933 lost

For Official Use Only by the Oregon Water Resources Department:

Received Date:

11-7-16

Well Log Number:

DESC 55999 orig.  
DESC 56749 deep.

Well Identification #:

\* L-125011