

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

WELL I.D. # L 86838

START CARD # 148626

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

(1) LAND OWNER Well Number \_\_\_\_\_  
Name Stephen & Clancy BROTH  
Address 41600 Hwy 20  
City Brothons State OR Zip 97712

(2) TYPE OF WORK  New Well  
 Deepening  Alteration (repair/recondition)  Abandonment  Conversion

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Other \_\_\_\_\_

(4) PROPOSED USE  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Construction:  Yes  No  
Depth of Completed Well 220 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
24"	0	49	BENT	0	49	90 sack
16"	49	220				

How was seal placed: Method  A  B  C  D  E  
 Other 3/8 hole plug  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 16"	41	49	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
2000+		220	1hr

Temperature of water 50 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 (legal description)  
County DESCHUTES  
Tax Lot 300 Lot \_\_\_\_\_  
Township 22 N or S Range 21 E or W WM  
Section 7 N 1/4 SW 1/4  
Lat 43° 40' 7" or 43 40 7.44 (degrees or decimal)  
Long \_\_\_\_\_ or 120 14 85 (degrees or decimal)  
Street Address of Well (or nearest address) No Address  
assigned 41600 Hwy 20  
Brothons OR

(10) STATIC WATER LEVEL  
150 ft. below land surface. Date 1-10-07  
188 ft. below land surface. Date 4-10-07  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES

Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
190	220	2000+	190

(12) WELL LOG

Material	From	To	SWL
TOP SOIL	0	2	
Brown clay sand	2	40	
Brown sand rock	40	190	
Pumic gravel	190	199	
Brown clay Brindle	199	220	

Date Started 4-6-07 Completed 4-10-07

(unbonded) Water Well Constructor Certification  
I certify that the work I performed on the construction, deepening, 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 \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_

(bonded) Water Well Constructor Certification  
I accept responsibility for the construction, deepening, 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 1654 Date 5-11-07  
Signed [Signature]

RECEIVED  
MAY 23 2007

# DESC 58017

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 86838

START CARD # 188626

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

**(1) LAND OWNER** Well Number \_\_\_\_\_  
Name Stephen & Clancy Trout  
Address 41600 Hwy 20  
City Brother's State OR Zip 97712

**(2) TYPE OF WORK**  New Well  
 Deepening  Alteration (repair/recondition)  Abandonment  Conversion

**(3) DRILL METHOD**  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 Other \_\_\_\_\_

**(4) PROPOSED USE**  
 Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Livestock  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Construction:  Yes  No  
Depth of Completed Well 220 ft.  
Explosives used:  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
24"	0	49	Best	0	49	80 Sack
16"	49	220				

How was seal placed: Method  A  B  C  D  E

Other 3/8 hole plug  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER**

Casing/Liner	Diameter	From	To	Gauge	SEAL		
					Steel	Plastic	Welded Threaded
Casing: 16"	41	49	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Drive Shoe used  Inside  Outside  None  
Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
2000+		220	1hr

Temperature of water 50" 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 (legal description)**  
County Deschutes  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_  
Township \_\_\_\_\_ N or S Range \_\_\_\_\_ E or W WM  
Section \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Lat ~~43°40'7"~~ or 43°40'7.44" (degrees or decimal)  
Long \_\_\_\_\_ or 120°14'55" (degrees or decimal)  
Street Address of Well (or nearest address) No Address assigned

**(10) STATIC WATER LEVEL**  
180' ft. below land surface. Date 1-10-07  
188' ft. below land surface. Date 4-10-07  
Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

**(11) WATER BEARING ZONES**  
Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL
190	220	2000+	190

**(12) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To	SWL
TOP SOIL	0	2	
Brown clay sand	2	40	
Brown lava rock	40	190	
Pumice gravel	190	199	
Brown clay Brown	199	220	

Date Started 4-6-07 Completed 4-10-07

**(unbonded) Water Well Constructor Certification**  
I certify that the work I performed on the construction, deepening, 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 \_\_\_\_\_ Date \_\_\_\_\_  
Signed \_\_\_\_\_

**(bonded) Water Well Constructor Certification**  
I accept responsibility for the construction, deepening, 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 165-1 Date 5-11-07  
Signed [Signature]

**RECEIVED**  
**MAY 23 2007**