

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

DESC 58017

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WELL I.D. # 56838 161722

START CARD # 148626

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

(1) LAND OWNER Stephen & Clancy BROTH 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

Diameter	From	To	Gauge	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	
Pumice gravel	190	199	
Brown clay sand	199	220	

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MAR 04 2008

AUG 06 2010

WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPT
SALEM, OREGON

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 16541 Date 5-11-07

Signed [Signature]

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MAY 23 2007



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

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MAR 24 2026

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

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): O'Sullivan Land Holdings, LLC
 Mailing Address: 67825 Oil Well Rd.
 City, State, Zip: Burns, OR 97720
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: _____
 City, State, Zip: _____

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

Township: 22 (North / South) Range: 21 (East / West) Section: 7 SE 1/4 of the NW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 307 County Deschutes
 GPS Coordinates: Latitude: 43.67906667 Longitude: -120.24756667
 Street Address of Well, City: 40995 HWY 20, Brothers, OR (Nearest Address)
 If the property had a different street address in the past: 41600 HWY 20, Brothers, OR

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): 04/10/2007 Total Well Depth: 220' Casing Diameter: 16"
 Owner at time the well was constructed (if known): Stephen Roth Well Report # (if known): DESC 58017
 Other Information: Previous Well ID # 86838 LOST!

SUBMITTED BY (please print): Lezlie O'Sullivan
 PHONE: 541-589-1230 EMAIL &/or FAX: osullivanlezlie776@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

REPLACEMENT

For Official Use Only by the Oregon Water Resources Department:

Received Date:
3-24-2026

Well Report Number:
DESC 58017

Well Identification #:
L-161722