

(1) LAND OWNER

Owner Well I.D. _____

First Name PAUL

Last Name DISERIA

Company TIORATI MGT LLC

Address 70 SW CENTURY DR

City BEND State OR Zip 97701

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld

Material From To Amt sacks/lbs

Seal: _____

(3) DRILL METHOD

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud☐ Reverse Rotary ☐ Other _____

(4) PROPOSED USE

☐ Domestic ☐ Irrigation ☐ Community☒ Industrial/ Commercial ☐ Livestock ☐ Dewatering☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard ☐ (Attach copy)

Depth of Completed Well 703.00 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	18.5	Bentonite	0	18.5	14	S
8	18.5	703				Calculated	10.49
						Calculated	

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other BENTONITE DRY

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
☒	☐	8	☒	1.5	18.5	.250	☒	☐	☒	☐
☐	☒	6	☐	8	702	.188	☐	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method FACTORY CUT

Screens Type _____ Material _____

Perf/	Casing/	Screen	Perf/	Casing/	Screen	Perf/	Casing/	Screen	Perf/	Casing/	Screen
Screen	Liner	Dia	From	To	Scrn/slot	Slot	# of	Tele/	Screen	Liner	Dia
Perf	Liner	6	662	702	.125	3	400	pipe size	Perf	Liner	6

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
40		690	1

Temperature 52 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 32 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 17.00 S N/S Range 13.00 E E/W WM

Sec 30 SW 1/4 of the NE 1/4 Tax Lot 500

Tax Map Number _____ Lot _____

Lat _____ " or 44.07456161 DMS or DD

Long _____ " or -121.21096408 DMS or DD

☒ Street address of well ☐ Nearest address

22280 JASON RD BEND OR 97701

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	11/8/2019			592

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 592.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
11/8/2019	592	702	40			592

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	1
Gray Basalt	1	10
Brown Basalt broken	10	11
Gray Basalt	11	40
Pumice soft stone	40	65
Broken lava	65	80
lava	80	120
Red SS with Broken Lava	120	130
Gray Lava	130	145
brown SS Congl	145	155
lava rock	155	198
broken lava	198	220
Broken lava	220	320
broken 5 YD Cement grout 240-360	320	360
gray lava	360	450
Red SS Congl	450	460
brown SS with lava gray	460	475
gray lava	475	540
red ss congl	540	550

Date Started 11/5/2019

Completed 11/8/2019

(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.

License Number 2025

Date 12/11/2019

Signed SHAUN ALEXANDER (E-filed)

(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.

License Number 1970

Date 12/11/2019

Signed NEIL FAGEN (E-filed)

Contact Info (optional) 541-548-1245

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

DESC 61831

12/11/2019

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 44.0745616060 Datum: WGS84

Longitude: -121.21096407793

Township/Range/Section/Quarter-Quarter Section:
WM 6S 2W 34 NWNW

Address of Well:

22280 JASON RD BEND OR 97701

Well Label: 136353

Printed: December 11, 2019

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

