

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 64668

WELL I.D. LABEL# L

137721

START CARD #

1053787

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

2/11/2024

(1) LAND OWNER

Owner Well I.D. _____

First Name JW & KELLI

Last Name ROSE

Company _____

Address 35694 EMBREE BRIDGE LANE

City BURNS

State OR

Zip 97720

(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 630.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
25	0	78	Bentonite Chips	0	46	7500 P
19	78	630	Calculated			324.71
			Cement	46	77	110 S
			Calculated			3.76

Seal placement method ☐ A ☐ B ☒ C ☐ D ☐ E ☒ Other: POURED DRY

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

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 10/12/2022 Begin Time 09:00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount

Actual Amount

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
20 1 77 .375 1 1 1
16 4 630 250 1 1 1
Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____
Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method factory saw

Screens Type _____ Material _____

Perf/	Casing/	Screen	From	To	Scrn/slot	Slot	# of	Tele/
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Perf	Liner	16	550	630	.095	3	2460	16

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
350	0.4	600	4
1250	7.5	605	4
1450	10	605	1

Temperature 74 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 210 mg/L
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 20.00 S N/S Range 16.00 E E/W WM

Sec 24 SW 1/4 of the SE 1/4 Tax Lot 2300

Tax Map Number _____ Lot _____

Lat _____ " or 43.81498511 DMS or DD

Long _____ " or -120.75658342 DMS or DD

☐ Street address of well ☒ Nearest address

MOFFITT ROAD, MILLICAN, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	4/21/2023			520
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 520.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10/27/2021	520	630	2000			520

(11) WELL LOG

Ground Elevation 4412.00

Material	From	To
Sandy Loam & Rock Chips	0	10
Mixed Gray Clay & Gray Basalt	10	30
Gray Basalt Gray Sand & Gray Sand	30	50
Brn. Med Clayee Sand & Pebbles	50	70
Hard Black Basalt, Brown Ash Chips	70	80
Hard Black Basalt Vesicular Flow	80	100
Black Angular Basalt & Red Liner Ash	100	180
Gray Claystone & some sand	180	190
Coarse Gray Sandstone & Pebbles	190	210
Medium Sandstone, Red, Blk., Brn.	210	450
Medium Rock, Red, Gray, Blk.	450	520
Red, Gray, Yellow Rock some Rubble Zones	520	570
Gray, Blk., Rock some small gravels	570	590
Gray Rock, Blk. Rock,	590	610
Red, Black, Gray Rock & small gravel	610	630

Construction

Begin Date 8/30/2021 Begin Time 00:00 End Date 4/21/2023

(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 1385 Date 10/11/2023

Signed ROBERT BUCKNER (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 1385 Date 2/11/2024

Signed ROBERT BUCKNER (E-filed)

Contact Info (optional) 541-408-5548

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version:

New exempt use wells must be submitted with a map and recording fee.

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

DESC 64668

2/11/2024

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: 43.81498511 Datum: WGS84

Longitude: -120.75658342

Township/Range/Section/Quarter-Quarter Section:

WM20.00S16.00E24SWSE

Address of Well:

MOFFITT ROAD, MILLICAN, OR

Well Label: 137721

Printed: October 11, 2023

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

