

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

7/9/2024

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
Company SNO CAP VISTA WATER USERS ASSOC.
Address 17050 VISTA RIDGE DR
City SISTERS State OR Zip 97759

(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 Thrd
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 803.00 ft.

BORE HOLE table with columns: Dia, From, To, Material, SEAL, Amt, sacks/lbs

Seal placement method A B C D E Other: _____
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: Type _____ Amount _____
Seal Placement Begin Date _____ Begin Time _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L table with columns: Dia, From, To, Gauge, Mat. Type, Wld, Thrd, Shoe, Location

Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perforations table with columns: Perf/Screen, Casing/Liner, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/Pipe size

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

Well Tests table with columns: Type of Test, Yield (gal/min), Drawdown, Drill Stem/Pump Depth, Duration (hr)

Temperature 51 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 42 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 14.00 S N/S Range 10.00 E E/W WM
Sec 25 NW 1/4 of the NW 1/4 Tax Lot 1000

Tax Map Number _____ Lot _____
Lat _____ " or 44.33258000 DMS or DD
Long _____ " or -121.49179000 DMS or DD
 Street address of well Nearest address

16840 CANYON CREST DR SISTERS, OR 97759

(10) STATIC WATER LEVEL

Static Water Level table with columns: Date, SWL(psi), SWL(ft)

WATER BEARING ZONES

Depth water was first found 570.00

Water Bearing Zones table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation _____

Well Log table with columns: Material, From, To

Construction Begin Date 6/28/2024 Begin Time 07:54 End Date 6/28/2024

(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 7/8/2024

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 7/9/2024

Signed NEIL FAGEN (E-filed)


Drilling Company: 541-548-1245

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

DESC 64866

7/9/2024

Map of Hole

STATE OF OREGON WELL LOCATION MAP	Oregon Water Resources Department 725 Summer St NE, Salem OR 97301 (503)986-0900	
This map is supplemental to the WATER SUPPLY WELL REPORT		
LOCATION OF WELL	Well Label: 154769	
Latitude: 44.33258000 Datum: WGS84	Printed: July 6, 2024	
Longitude: -121.49179000	<small>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.</small>	
Township/Range/Section/Quarter-Quarter Section: WM14.00S10.00E25NWNW	<small>Provided by well constructor</small>	
Address of Well:		
16840 CANYON CREST DR SISTERS, OR 97759		

