

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 65201

WELL I.D. LABEL#	L 80771
START CARD #	1076878
ORIGINAL LOG #	DESCHUTES 58916

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

4/7/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____
 Company AGATE WATER SYSTEM
 Address 60107 MINNETONKA LN
 City BEND State OR Zip 97702

(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 CONSTRUCTIONSpecial Standard ☐ (Attach copy)

Depth of Completed Well 700.00 ft.

BORE HOLE			SEAL			sacks/ lbs
Dia	From	To	Material	From	To	
10	0	700				
					Calculated	
					Calculated	

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	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Location
L	8		60	700	0.188	ST	<input checked="" type="checkbox"/>			

Temp casing ☐ Yes Dia _____ From+ _____ To _____**(7) PERFORATIONS/SCREENS**

Perforations Method Factory cut

Screens Type _____ Material _____

Perf/	Casing/	Screen	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner		8	520	540	.188	3	608	
Perf	Liner		8	580	600	.188	3	608	
Perf	Liner		8	640	660	.188	3	608	
Perf	Liner		8	680	700	.188	3	608	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	150		695	1

Temperature 49 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 48 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 18.00 S N/S Range 11.00 E E/W WM

Sec 25 NE 1/4 of the SW 1/4 Tax Lot 400

Tax Map Number _____ Lot _____

Lat _____ " or 43.98591200 DMS or DD

Long _____ " or -121.35771400 DMS or DD

☒ Street address of well ☐ Nearest address

19336 APACHE RD, BEND, OR 97702

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration	3/28/2025			418
Completed Well	4/1/2025			445

Flowing Artesian? ☐ Dry Hole? ☐**WATER BEARING ZONES**

Depth water was first found 445.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4/1/2025	445	700	150			445

(11) WELL LOG

Ground Elevation 3940.13 FT

Material	From	To
DESC 58916 Clean out	0	510
Midd/ fractured NR	510	515
Soft/ Midd NR	515	525
Broken NR	525	538
Mild fractured NR	538	590
Soft NR	590	630
Midd N/R	630	640
Midd/ fractured NR	640	700

Construction

Begin Date 3/28/2025 Begin Time 10 39 End Date 4/1/2025

(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 4/2/2025

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 4/7/2025

Signed NEIL FAGEN (E-filed)

Drilling Company: 541-548-1245

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 65201

4/7/2025

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: 43.98591200 Datum: WGS84

Longitude: -121.35771400

Township/Range/Section/Quarter-Quarter Section:

WM18.00S11.00E25NESW

Address of Well:

19336 APACHE RD, BEND, OR 97702

Well Label: 80771

Printed: April 2, 2025

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

