

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 65559

WELL I.D. LABEL# L

143517

START CARD #

1077733

ORIGINAL LOG #

12/18/2025

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

(1) LAND OWNER

Owner Well I.D. 6692

First Name _____ Last Name _____

Company OREGON STATE UNIVERSITY

Address 644 SW 13TH ST.

City CORVALLIS State OR Zip 97333

(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 ☐
☒ Thermal ☐ Injection ☐ Other _____
(5) BORE HOLE CONSTRUCTIONSpecial Standard ☒ (Attach copy)

Depth of Completed Well 505.50 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
18	0	13	Bentonite	0	13	42
16	13	120			Calculated	39.7
15.25	120	505.5	Cement	13	120	70
					Calculated	54

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 10/28/2025 Begin Time 20 20

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+	From	To	Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	14	<input checked="" type="checkbox"/>	2	7	0.375	ST	<input checked="" type="checkbox"/>			
C	12		7	405.5	0.375	ST	<input checked="" type="checkbox"/>			

Temp casing ☒ Yes Dia 16 From + ☐ 0 To 94**(7) PERFORATIONS/SCREENS**

Perforations Method _____

Screens Type V-wire Material Stainless steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Casing	12	405.5	505.5	.1			Pipe Size

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	414.2	0.3	391	1
Pump	507	0.4	391	2
Pump	648.3	0.6	391	1

Temperature 61 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 167 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 18.00 S N/S Range 12.00 E E/W WM

Sec 6 NW 1/4 of the SE 1/4 Tax Lot 719

Tax Map Number _____ Lot _____

Lat _____ " or 44.04340400 DMS or DD

Long _____ " or -121.33220800 DMS or DD

☒ Street address of well ☐ Nearest address

1500 SW CHANDLER AVE. - BEND, OR 97702

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	12/16/2025			250.7

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

Depth water was first found 265.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/29/2025	265	500	1000			250.7

(11) WELL LOG

Ground Elevation 3688.98 FT

Material	From	To
Engineer gravel fill	0	4
Brown broken weathered basalt	4	9
Broken black basalt	9	24
Brown clay	24	32
Broken black basalt w/clay	32	38
Red cinders & clay	38	45
Red cinders broken	45	52
Broken black basalt	52	57
Red cinders & clay	57	68
Broken black basalt	68	75
Black basalt	75	90
Black reddish basalt	90	100
Red cinders	100	110
Red brown cinders	110	114
Black basalt	114	118
Red cinders	118	125
Red brown cinders	125	134
Grey basalt	134	140
Broken black basalt	140	144

Construction

Begin Date 5/22/2025 Begin Time 11 25 End Date 12/16/2025

(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 1411 Date 12/18/2025

Signed KURT MARTIN (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 1684 Date 12/18/2025

Signed BRET JONES (E-filed)

Drilling Company: JONES DRILLING CO., INC.

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

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12/18/2025

Map of Hole

