

STATE OF OREGON
WATER SUPPLY WELL REPORT

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

DESC 65559

12/18/2025

WELL I.D. LABEL# L

143517

START CARD #

1077733

ORIGINAL LOG #

(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

Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material								
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 CONSTRUCTION

Special Standard (Attach copy)

Depth of Completed Well 505.50 ft.

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

Perf/ Screen	Casing/ Screen	Type	V-wire	Material	Stainless steel			
Screen	Liner	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

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
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.

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(2a) PRE-ALTERATION

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				sacks/ lbs	
Dia	From	To	Material	From	To	Amt		
							Calculated	
							Calculated	
							Calculated	
							Calculated	
							Calculated	

FILTER PACK			
From	To	Material	Size

(6) CASING/LINER

(7) PERFORATIONS/SCREENS

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

Water Quality Concerns

(10) STATIC WATER LEVEL

(11) WELL LOG

Material	From	To
Grey reddish brown cinders	144	148
Reddish brown cinders	148	160
Grey volcanics	160	175
Reddish brown cinders	175	179
Black basalt	179	185
Black w/maroon spec of volcanics	185	190
Grey basalt w/spec of white	190	204
Lavendar volcanics	204	223
Fractured volcanics	223	245
Broken black basalt	245	273
Black basalt	273	275
Broken black basalt	275	309
Red grey volcanics	309	312
Red cinders	312	329
Red cinders	329	335
Blue basalt & brown cinders	335	390
Brown cinders	390	395
Brown cinders w/ascoria	395	400
Red brown cinders	400	405
Dark red cinders	405	410
Black purple cinders	410	450
Lavendar volcanics (hard) broken	450	460
Blue basalt broken	460	480
Blue lavendar basalt broken	480	490
Red cinders	490	500
Red cinders	500	505.5

Name of person(s) who assisted with construction and Trainee License # / Helper #

Assistant Name

Type

#

Comments/Remarks

Comments/Remarks

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

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Map of Hole

