

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 65753

WELL I.D. LABEL# L

159810

START CARD #

1082345

ORIGINAL LOG #

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

7/3/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name LANCELast Name WOODERSON

Company _____

Address 5230 NW JACKPINE AVECity REDMONDState ORZip 97756**(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
					☐	☐	☐	☐

Seal:

Material	From	To	Amt	sacks/lbs

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ 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 392.00 ft.

BORE HOLE				SEAL				sacks/
Dia	From	To	Material	From	To	Amt		lbs
12	0	18.7	Bentonite	0	18.7	14	S	
8	18.7	392			Calculated	10.6		
					Calculated			

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 6/3/2026 Begin Time 12 00**(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	8	☒	1.3	18.7	0.250	ST	☒			
L	6		0	392	0.188	ST	☒			

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

Screens Type _____

Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
		6	332	392	.125	3	640	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	50		392	1.5

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 117 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County DESCHUTES Twp 15.00 S N/S Range 12.00 E E/W WMSec 12 SE 1/4 of the NE 1/4 Tax Lot 3800

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.28461000 DMS or DDLong _____ ° _____ ' _____ " or -121.23211000 DMS or DD☐ Street address of well ☒ Nearest address5230 NW JACKPINE AVE, REDMOND, OR 97756**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	<u>6/4/2026</u>			<u>256</u>
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 304.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6/4/2026</u>	<u>304</u>	<u>392</u>	<u>30</u>			<u>256</u>

(11) WELL LOGGround Elevation 2946.36 FT

Material	From	To
Broken Rock	0	2
Grey Basalt	2	35
Multi-Colored Conglomerate	35	92
Red Cinders	92	101
Brown Clay Stone	101	123
Multi-Colored Conglomerate	123	222
Black Sand	222	304
Broken Grey Basalt	304	344
Multi-Colored Conglomerate	344	392

Construction

Begin Date 6/3/2026 Begin Time 08 01 End Date 6/4/2026**(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 _____ Date _____

Signed _____

(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 2076 Date 7/3/2026Signed GLENN DAVIS (E-filed)Drilling Company: Edge Well Drilling, LLC

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 65753

7/3/2026

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: 44.28461000 Datum: WGS84

Longitude: -121.23211000

Township/Range/Section/Quarter-Quarter Section:
WM15.00S12.00E12SENE

Address of Well:

5230 NW JACKPINE AVE, REDMOND, OR 97756

Well Label: 159810

Printed: June 22, 2026

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

