

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 65773

WELL I.D. LABEL# L

161485

START CARD #

1082772

ORIGINAL LOG #

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

7/21/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company CLEAR MTN ENLERPRISES

Address PO BOX 262

City BEND State OR Zip 97709

(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
☐ 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 69.00 ft.

BORE HOLE				SEAL			sacks/
Dia	From	To	Material	From	To	Amt	lbs
10	0	19	Bentonite Chips	0	19	13	S
6	19	69			Calculated	8.67	
					Calculated		

Seal placement method: ☐ A ☐ B ☐ C ☐ D ☐ E ☒ Other: POURED

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 7/10/2026 Begin Time 14 30

(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	6	☒ 1 68 0.250	ST	☒			

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

Perforations Method _____

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ 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	25	1	25	1.5

Temperature 41 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 38 ppm

From To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 20.00 S N/S Range 10.00 E E/W WM

Sec 12 SE 1/4 of the SE 1/4 Tax Lot 15000

Tax Map Number _____ Lot _____

Lat _____ " or 43.85107743 DMS or DD

Long _____ " or -121.47052902 DMS or DD

☒ Street address of well ☐ Nearest address

17114 INDIO

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/15/2026			18
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 65.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/15/2026	65	69	30			18

(11) WELL LOG

Ground Elevation 4180.65 FT

Material	From	To
top soil	0	2
medium brown sand and pumice	2	3
medium brown sand and brown clay	3	5
course gravel	5	6
brown clay	6	11
grey clay	11	22
fine black sand	22	26
green diatomite and fine black sand	26	49
yellow diatomite and fine black sand	49	62
fine black sand	62	65
course black sand	65	69

Construction

Begin Date 7/10/2026 Begin Time 10 00 End Date 7/15/2026

(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 2074 Date 7/21/2026

Signed BRIAN STEWART (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 1528 Date 7/21/2026

Signed STEVE MATHERS (E-filed)

Drilling Company: Mathers Drilling

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.

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

DESC 65773

7/21/2026

Map of Hole



7/21/2026

Map of Hole

