

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC 65823

WELL I.D. LABEL# L

160445

START CARD #

1082749

ORIGINAL LOG #

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

8/19/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name ERICA

Last Name RYAN

Company _____

Address PO BOX 3365

City SALEM

State OR

Zip 97302

(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 CONSTRUCTION**Special Standard ☐ (Attach copy)

Depth of Completed Well 356.00 ft.

BORE HOLE			SEAL				sacks/
Dia	From	To	Material	From	To	Amt	lbs
12	0	24.5	Bentonite	0	24.5	16	S
8	24.5	360			Calculated	13.89	
6	360	363			Calculated		

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

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

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

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 7/30/2026 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	☒	2	24.5	0.250	ST	☒			
L	6		7	355	0.188	ST	☒			

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

Perforations Method Factory cut

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	6	335	355	.125	2.5	304	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	65		351	1

Temperature 57 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 55 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 15.00 S N/S Range 11.00 E E/W WM

Sec 29 SE 1/4 of the SE 1/4 Tax Lot 800

Tax Map Number _____ Lot _____

Lat _____ " or 44.23419000 DMS or DD

Long _____ " or -121.43594000 DMS or DD

☒ Street address of well ☐ Nearest address

17940 4TH AVE, BEND, OR 97703

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	7/31/2026			248
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 248.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
7/31/2026	248	356	65			248

(11) WELL LOG

Ground Elevation 3187.05 FT

Material	From	To
Sandy top soils	0	3.5
Gray/ maroon lava	3.5	114
Brown lava	114	167
Gray lava	167	188
Brown lava	188	215
Cinder/ lava mix	215	243
Lava - fractured	243	265
Red/ black cinder rock	265	284
Gray lava - fractured	284	302
Red/ black cinder rock	302	315
Brown lava - fractured	315	345
Cinders - caving	345	363

Construction

Begin Date 7/30/2026 Begin Time 07:55 End Date 7/31/2026

(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 1970 Date 8/4/2026

Signed NEIL FAGEN (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 8/19/2026

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.

DRILLED TO 363 FT. HOLE CAVED BACK TO 356

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

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8/19/2026

Map of Hole

