

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

DESC 65833

WELL I.D. LABEL# L

162252

START CARD #

1082958

ORIGINAL LOG #

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

8/31/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company STARR, DAVID DANIEL ET AL

Address 22815 LONGHORN CT

City BEND State OR Zip 97701

(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 800.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
12	0	25	Bentonite	0	25	16	S
8	25	760			Calculated	14.18	
6	760	800			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 8/4/2026 Begin Time 14:00

(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	8	☒	1.5	25	0.250	ST	☒			
L	6		10	760	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	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
Perf	Liner	6	720	760	.125	2.5	608	

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	15		795	1

Temperature 58 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 43 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County DESCHUTES Twp 17.00 S N/S Range 14.00 E E/W WM

Sec 20 SW 1/4 of the SW 1/4 Tax Lot 9400

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 44.08287000 DMS or DD

Long _____ ° _____ ' _____ " or -121.08495000 DMS or DD

☒ Street address of well ☐ Nearest address

24819 DEER LN, BEND, OR 97701

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/14/2026			674

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 674.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/14/2026	674	800	15			674

(11) WELL LOG

Ground Elevation 3366.40 FT

Material	From	To
Loam & lava boulders	0	7
Gray lava	7	17
Brown congl	17	19
Gray basalt	19	52
Brown congl	52	58
Gray basalt w/ broken seems	58	81
PR - med-hard caving (5.25 yds cement)	81	151
Lava - broken PR	151	165
Brown sandstone congl	165	205
Lava - hard PR	205	213
Broken NR (5 yds cement)	213	260
Hard fractured NR	260	280
Hard NR	280	326
Broken/ crevice NR	326	329
Med/ hard NR	329	427
Fractured NR	427	431
Medium NR caving	431	451
Soft PR - cinders	451	465
Med fractured brown lava	465	521

Construction

Begin Date 8/4/2026 Begin Time 09:52 End Date 8/14/2026

(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 2069 Date 8/20/2026

Signed MEGAN NOBLITT (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 8/31/2026

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.

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

DESC 65833

8/31/2026

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: 44.08287000 Datum: WGS84

Longitude: -121.08495000

Township/Range/Section/Quarter-Quarter Section:

WM17.00S14.00E20SWSW

Address of Well:

24819 DEER LN, BEND, OR 97701

Well Label: 162252

Printed: August 20, 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

