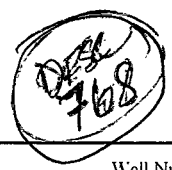


#11

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DESC 768
FEB 13 1991

145/125/9ba
24903

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.765)



WATER RESOURCES DEPT. (START CARD) #
SALEM, OREGON

(1) OWNER:
Name Rex Barber
Address 2045 S.W. 21st
City Redmond State Ore Zip 97760

(2) TYPE OF WORK: Reaming
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 340 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>16</u>	<u>0</u>	<u>25</u>	<u>Bentonite</u>	<u>0</u>	<u>25</u>	<u>22 bags</u>

How was seal placed: Method A B C D E
 Other Bentonite (granular)
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>12</u>	<u>+2</u>	<u>50</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 500 Drawdown 0 Drill stem at 320 Time 1 hr.

Temperature of water 31 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

LOCATION OF WELL by legal description:
County Desch Latitude _____ Longitude _____
Township 14 N or S, Range 12 E or W, WM.
Section 9 NE 1/4 NW 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) lower bridge

(10) STATIC WATER LEVEL:
170 ft. below land surface. Date 2-7-91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 213

From	To	Estimated Flow Rate	SWL
<u>213</u>	<u>340</u>	<u>500</u>	<u>170</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Sand & Gravel</u>	<u>0</u>	<u>19</u>	
<u>Brown Sand Stone Congl</u>	<u>19</u>	<u>32</u>	
<u>Cemented Sand & Gravel</u>	<u>32</u>	<u>60</u>	
<u>Brown Sand Stone</u>	<u>60</u>	<u>62</u>	
<u>Red lava</u>	<u>62</u>	<u>77</u>	
<u>Brown Sand Stone Congl</u>	<u>77</u>	<u>147</u>	
<u>Red fine sand Stone</u>	<u>147</u>	<u>213</u>	
<u>(w.B.) Gray lava broken</u>	<u>213</u>	<u>231</u>	
<u>(w.B.) Black Basalt broken</u>	<u>231</u>	<u>276</u>	
<u>(w.B.) Red sand Stone</u>	<u>276</u>	<u>280</u>	
<u>(w.B.) Coarse black Sand</u>	<u>280</u>	<u>340</u>	
<u>stone Congl</u>			

Date started 2-4-91 Completed 2-7-91

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 1255
Signed William D. Allen Date _____



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

bigfalls@cbbmail.com

POA 4
Well #7

Do not complete if the well already has a Well Identification Number.

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DEC 11 2017

I. OWNER INFORMATION

Current Owner Name (please print): BIG FALLS RANCH CO. (REX BARBER)
Mailing Address: P.O. Box 434
City, State, Zip: TERREBONNE, OR 97760
Mail Well ID Tag to: [] SAME AS ABOVE [] In Care Of (C/O)
Name & Address:
City, State, Zip:

WATER RESOURCES DEPT
SALEM, OREGON

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 14 (North / South) Range: 12 (East / West) Section: 9 SE 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 1500 County: DESCHUTES
GPS Coordinates: 44.37438, -121.30203
Street Address of Well, City: 70480 NW LOWER BRIDGE WAY, TERREBONNE, OR
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Log, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): IRRIGATION
Date Well Constructed (or property built): 11/10/90 Total Well Depth: 340' Casing Diameter: 12"
Owner at time the well was constructed (if known): Rex Barber Well Log # (if known): DESC 224
Other Information: POA #4, WELL #7; WELL ALSO RECONDITIONED IN 1991 -> DESC 768

SUBMITTED BY (please print): WILLIAM D. NASHAM - WELL INSPECTOR - SCIR
PHONE: 541/638-4109 EMAIL &/or FAX:

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date: 12-11-17

Well Log Number: DESC 224 + DESC 768

Well Identification #: L122706