STATE OF OREGON

Name Stephen Jaqua Address 1200 Eryrear

(2) TYPE OF WORK:

(3) DRILL METHOD

(1) OWNER:

Bend

☐ New Well

Rotary Air

WATER WELL REPORT (as required by ORS 537.765)

☐ Deepen

☐ Rotary Mud

DESC

92

Well Number:

Abandon

State

Recondition

Cable

1990	START CARD) #209	25			,
The B T C					
(9) LOCATION	OF WELL by le	egal de	escript	ion:	
County Des	Latitude	' "	Longitud	е	
Township 175	Nor S, Range 1	115		_E or W,	WM.
Section	SE ¼				
	_ Lot Block		Subd	ivision	
Street Address of W	Vell (or nearest address) _ ar Rd Bend,	Ora	 ,	···	
, ,	VATER LEVEL:	:		_	
_2 61 ft.	below land surface.		Date	<u>6-15</u>	- 90
Artesian pressure _	lb. per squ	are inch.	Date		
(11) WATER B	EARING ZONE	S:			
Depth at which water wa	s first found268				
From	To	Estin	nated Flow	Rate	SWL
268	347				261
200	247				491
•					
(12) WELL LO	G: Ground elevati	ion			
			P	Tr.	C117T
ham god?	Material		From	То	SWL
brn seil			0	2	
tan clay			2	28	
bra ss			2 <u>8</u> 35	35 58	
gray basalt			1		
red cinders			58	61	
gray basalt			61	74	
tan congl			74	80	
red cinders	·		80	88	
brn congl tan ss			88	105	
lt brn ss co	anel fina		105	139	<u> </u>
tan clay co			139 150	150 166	
lt gra y ss	454		166	200	
gray basalt			200	218	
redish gray	hagalt		218		
orange tuff	MEDGIL		251	251 255	
gray basalt			255	268	
	red basalt (WR)	268	347	
THE PARTY OF THE P	THE MEDITINE	****	- بوء	 	
	-22 - 90			5-8- 9	0)
Date started 6-15-	·90 Com	pleted	6-15	-90	
(unbonded) Water !	Well Constructor Ce		ion		
•	wen Constructor Ce e work I performed o			on, alter	ation. o
abandonment of this	well is in compliance	e with	Oregon v	well cons	struction
standards. Materials which knowledge and belief.	used and information i	-			
I /	, .,	v	VWC Ŋu	_{mber} U	45
Signed W. W.	Williams	D	ate _6-	15-9	0
	ll Constructor Certification for the construction			on obser	don
	ibility for the constructions well during the cons				
work performed du	ring this time is in	compli	iance w	ith Oreg	gon we
construction standard	ls. This report is true			1	edge and
4.	1/ 1/	V	VWC Nu	mber	

,	For Offici	al Use Only by The Oregon Water I	Resources Department:
0	Received Date:	County Well Log ID#	Well Identification Tag #
16	RECEIVED—	(<u>Oloc 3325</u>)	<u>L-4910</u>

AUG 2 4 2004

WELL IDENTIFICATION APPLICATION FORM

WATER RESOURCES DET SALEM, OREGON

INSTRUCTIONS ARE IN THE LETTER ON THE REVERSE SIDE OF THIS APPLICATION. FOR SHARED WELLS PLEASE SEE THE 2^{ND} PARAGRAPH FROM THE TOP ON THE LETTER

BUYER OR CURRENT LANDOWNER (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here. Tag will be mailed out in approximately 10 days) 67200 Sage Ranch Rd State: OR Zip: 97701 Phone: (541) 383-3902 Digmestic Well # Z (if multiple wells exist on same property-ie: well #1, #2, etc.) Township: 153 North of South, Range: 11E East or West, Section: 26 NW 1/4 SW 1/4 (circle one) (circle one) Tax Lot #: Type of Well: water supply? domestic monitoring? (Ex: domestic or irrigation use) (not the county's tax act (Ex: monitoring groundwater for contaminants) 6/200 Address of Well: (Optional): Does this well have a formal water right associated with it? Yes: (If unknown you may want to contact the Water Rights Group at 503-378-3739 extension 201 for research) If Yes: Application #: _____ Permit #: _____ Certificate #:___ (Optional): Latitude _____ Longitude _____ (May sometimes be obtained from Well Log Report) WELL INFORMATION: (If available, attach copy of driller's well report. If report is not available please complete as much of the following as possible, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor - see instructions.) Start Card #: Approx. Well Construction Date: 6/6 Well Constructor: ____ Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed) Well Depth (in feet): ____694 __ Static Water Level (in feet): _608 Diameter of Exposed Well Casing (in inches): Please Return Completed Form to: Well in Program @ Oregon Water Resources Department 158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130 (App-July03)