

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

Instructions for completing this report are on the last page of this form.

NOV 14 1994

WATER RESOURCES DEPT. (START CARD) # 53937

15S/11E/33db

DESC 9604

(1) OWNER: LEONARD W MASS Well Number _____
Name LEONARD W MASS
Address 6700 Fry Road RD
City BRAND State OR Zip 97201

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 304 ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 12 | 0 | 304 | BINDER | 0 | 22 | 19 SACKS |

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

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-----------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 8 | +1 | 304 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method MALHOTRA
 Screens Type _____ Material _____

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 284 | 304 | 1/8 X | 304 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

Pump Bailer Air Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---------------|----------|---------------|-------|
| 50+ | | 304 | 1 hr. |

Temperature of water 54 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: _____

(9) LOCATION OF WELL by legal description:
County Deschutes Latitude _____ Longitude _____
Township 15 N or S Range 11 E or W WM.
Section 33 NW 1/4 5/16 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
244 ft. below land surface. Date 11-2-94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 244

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 244 | 255 | | 244 |
| 295 | 305 | | 244 |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---------------------|------|-----|-----|
| Brown Gravelly sand | 0 | 4 | |
| DK Brown sandstone | 4 | 30 | |
| Brown sandstone | 30 | 41 | |
| Gray basalt | 41 | 49 | |
| Brown clay congl | 49 | 59 | |
| conglomerate | 59 | 95 | |
| Gray basalt | 95 | 123 | |
| Red conglomerate | 123 | 190 | |
| Brown congl | 190 | 211 | |
| Gray basalt | 211 | 240 | |
| conglomerate w/b | 240 | 276 | |
| Gray basalt | 276 | 285 | |
| conglomerate w/b | 285 | 305 | |

Date started 10/20/94 Completed 11/1/94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1575 Date 11/3/94

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed [Signature] WWC Number 1575 Date 11/3/94

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked 10-20-94
 Date Hand-delivered _____
 Watermaster Initials _____

11 SC

W-53937
 WRD Receipt 118094
 Date Fee Received 10-24-94

CHECK NO. _____

START CARD
NOTICE OF BEGINNING OF WELL CONSTRUCTION
 (as required by ORS 537.762)

OCT 2 1994

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A **\$75 fee shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well** (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address LEONARD W MASS
6700 Fryrear Rd
BEND OR 97701

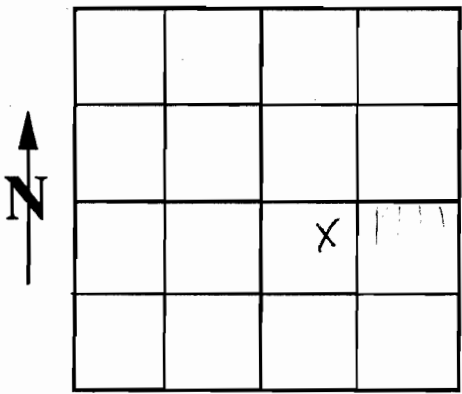
Check type of work: Fee Required New construction Conversion
 No Fee Required Repair Deepening Recondition Abandonment

Proposed Commencement Date 10/20/94 Existing or Proposed Well Depth 300 Diameter 8

Check Use: Domestic Community Industrial Irrigation Monitoring
 Thermal Injection Other

Proposed Well Location: County Deschutes Owner's Well Id. No. _____
 Township 15 (N or S) Range 11 (E or W) Section 33

- N/W 1/4 of S/E 1/4 of above section
- Street address of well location 6700 Fryrear Rd
BEND OR.
- Tax lot number of well location 1100
- Attach map with location identified.
(See reverse of this form for approved maps)
- Show well location within 1/4, 1/4 of section grid at left.



We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

Owner's signature _____
 Title _____ Date _____
 Home phone _____ Work phone _____

[Signature]
 Bonded Water / Monitor Well Constructor
 License No. 1525

Company Johnson well Drilling

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO WATER RESOURCES DEPARTMENT IN SALEM



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301-1266
 (503) 986-0900
 www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D. Number or if you do not own the property where the well is located.

I. OWNER INFORMATION

Current Owner Name (please print): Jerry & Cassie Milstead
 Mailing Address: 18203 Fudge Lane
 City, State, Zip: Sisters OR 97759
 Mailing Address (to send Well I.D.): New owner → Jaymie Kaczmarek
 City, State, Zip: P.O. Box 471
Bend OR 97709

II. WELL INFORMATION

Township: 15 (North/South) Range: 11 (East/West) Section: 33
 Tax Lot: 1100 County Deschutes NW 1/4 SE 1/4
 Lot: _____ Block: _____ Subdivision: _____
 Owner at time the well was constructed, (if known): Leonard Maass
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Street Address of Well, City, State: _____
 Type of Well (domestic, irrigation, commercial, industrial, monitoring, etc.): _____
 Date Well Constructed: _____ Well Depth: _____ Casing Diameter: _____
 Other Information: _____

SUBMITTED BY (please print): Annie Anderson COLDWELL BANKER
 PHONE: _____ FAX: _____ REED BROS REALTY

291 W. CASCADE AVE
PO Box 219 SISTERS OR 97759

Send application to Oregon Water Resources Department; 725 Summer Street NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Tuesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date: _____ Well Log Number: DESC 9604 Well Identification Tag #: L84395

RECEIVED
 APR 10 2006
 WATER RESOURCES DEPT
 SALEM, OREGON