



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

RECEIVED BY OWRD

OCT 12 2017

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

I. OWNER INFORMATION

Current Owner Name (please print): ANTHONY G. BLOK SALEM, OR
Mailing Address: 69015 BARCLAY CT.
City, State, Zip: SISTERS, OR. 97759
Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)
Name & Address: _____
City, State, Zip: _____

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

Township: 15S (North / South) Range: 10E (East / West) Section: 3 SW 1/4 of the NW 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 302 County DESCHUTES
GPS Coordinates: 44.298832 -121.532872 per Water Right mapping tool
Street Address of Well, City: 69015 BARCLAY CT. SISTERS, 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): _____
Date Well Constructed (or property built): 3/14/92 Total Well Depth: 96' Casing Diameter: 6"
Owner at time the well was constructed (if known): GIFFORD GIBSON Well Log # (if known): DESC 219
Other Information: THE ACTUAL WELL LOCATION DESCRIBED ON LOG WAS IN ERROR.
IN 4/16/96 WAS CORRECTED
THE ATTACHED APPLICATION FOR AN ADJOINING WELL (15' APART) DRILLED
SUBMITTED BY (please print): ANTHONY G. BLOK
PHONE: 541-788-1226 EMAIL &/or FAX: tntblok@gmail.com

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.

I WAS TOLD BY BARBARA IN THE BEND WATER RESOURCES OFFICE THAT
THE DOCUMENT COULD NOT BE ALTERED. NEITHER WELL HAS AN I.D.
NUMBER PRESENTLY.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

10-12-17

Well Log Number:

DESC 1219

Well Identification #:

L-128604

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked

Date Hand-delivered 3-19-92

Watermaster Initials

W- 40030

WRD Receipt

Date Fee Received 84543
3-19-92

CHECK NO. _____

START CARD

NOTICE OF BEGINNING OF WELL CONSTRUCTION

(as required by ORS 537.762)

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 Gifford & ELLEN GIBSON
6979.3 PINEGLEN Rd
SISTERS, OR 97759

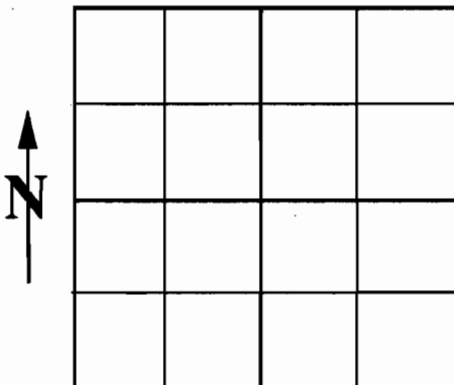
Check type of work: Fee Required ☒ New construction ☐ Conversion No Fee Required ☐ Repair ☐ Deepening ☐ Recondition ☐ Abandonment

Proposed Commencement Date 3/14/92 Existing or Proposed Well Depth 100' Diameter 6"

Check Use: ☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation ☐ Monitoring
☐ Thermal ☐ Injection ☐ Other _____

Proposed Well Location: County Deschutes Owner's Well Id. No. _____

Township 10 S (N or S) Range 10 E (E or W) Section 24



1. NE 1/4 of S.E. 1/4 of above section

2. Street address of well location 69015 Barclay Ct
Sisters, OR 97759

3. Tax lot number of well location _____

4. Attach map with location identified.
(See reverse of this form for approved maps)

5. 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

Wayne T. Buckner
Bonded Water Well Constructor

License No. 677

Company Mid-Oregon Drilling Inc.

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
If no fee applies, discard this copy

DESC 50213 CELL I.D. # L-128603
(START CARD)

(START CARD) # 92160

(1) OWNER: _____ Well Number _____
Name Gib & Ellen Gibson
Address P.O. Box 1767
City Sisters State OR Zip 97259

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 25 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☐ Other Poured in Drx

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+1 1/2	31 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6	-10	90	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 31/17

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tel./pipe size	Casing	Lines
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
			None			<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing <input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Time
50+	0	80	1 hr

Temperature of water 50° 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: _____

County Deschutes Latitude _____ Longitude _____

Township 15 N or S Range 10 E or W. WM.

Section 3C SW 1/4 SW 1/4

Tax Lot **302** Lot Block Subdivision

Street Address of Well (or nearest address) Barkley Ct.

Sisters DR. 97759 8

37' ft. below land surface. Date 4-16-90

Artesian pressure lb. per square inch. Date

1) WATER BEARING ZONES:

Depth at which water was first found 67

From	To	Estimated Flow Rate	SWI
68'	85'	50 +	37

Ground Elevation _____

[illegible]

Date started 4-16-96 Completed 4-16-96

(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.

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

WWC Number 1255

Signed W. H. Allen Date 4-16-44



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SALEM, OR

Current Owner Name (please print): ANTHONY G. BLOK

Mailing Address: 69015 BARCLAY CT.

City, State, Zip: SISTERS, OR 97759

Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

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

Township: 15 (North / South) Range: 10 (East / West) Section: 3C SW 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 302 County DESCUTES

GPS Coordinates: _____

Street Address of Well, City: 69015 BARCLAY DR SISTERS, OR.

If the property had a different street address in the past:

THIS WELL LOCATED WITHIN 15' OF THE PREVIOUS ONE (DRILLED IN 1992)
HAS THE CORRECT LOCATION LISTED ABOVE.

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): _____

Date Well Constructed (or property built): 4/16/96 Total Well Depth: 85 Casing Diameter: 8"

Owner at time the well was constructed (if known): GIB GIBSON Well Log # (if known): DESC 50213

Other Information: _____

SUBMITTED BY (please print): ANTHONY G. BLOK

PHONE: 541-788-1226 EMAIL &/or FAX: tntblok@gmail.com

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For Official Use Only by the Oregon Water Resources Department:

Received Date:

10-12-17

Well Log Number:

DESC 50213

Well Identification #:

L-128603

DESCHUTES COUNTY
COMMUNITY DEVELOPMENT DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
ADMINISTRATION BUILDING - BEND, OREGON 97701
(503) 388-6575

PERMIT NO.

31748

DATE CALLED IN

4/21/92

CERTIFICATE OF SATISFACTORY COMPLETION

JOB LOCATION - ADDRESS

69015 Barclay Ct.

CITY

Sisters

NAME OF OWNER

G.T. Gibson

INSTALLER'S NAME

Tewalt & Son Excav.

LICENSE NO.

35215

MATERIAL

Concrete

SEPTIC TANK

TOTAL LIQUID CAPACITY

1000 gal

EQUAL

LOOP

SERIAL

PRES

SAND FILTER

OTHER

TOTAL LENGTH

225

FEET

WIDTH OF TRENCH

2

FEET

DEPTH OF TRENCH

24

INCHES

TOTAL ROCK DEPTH

12

INCHES

NEAREST LOT LINE

FRONT

SIDE

REAR

WELL SETBACKS

FEET FROM SEPTIC TANK

50'±

FEET FROM DRAINFIELD

100'±

NEAREST BODY OF WATER

FEET FROM SEPTIC TANK

N/A

FEET FROM DRAINFIELD

N/A

TOWNSHIP

15

RANGE

10

SECTION

30

TAX LOT #

302

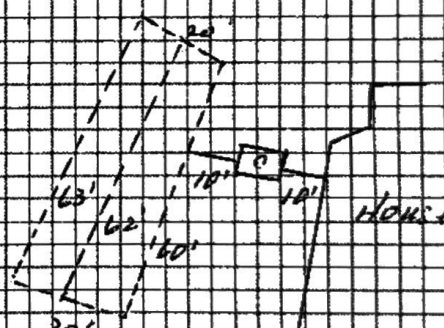
As-Built Drawing
with Reference Locations

Installer

Final Insp. Date

☐ Issued by Operation of Law

☐ Pre-cover inspection waived
pursuant to OAR 340-71-170(2)



CORRECTION NOTICE POSTED DATE

CORRECTIONS MADE DATE

In accordance with Oregon Revised Statute 454.665, this Certificate is issued as evidence of satisfactory completion of an on-site sewage disposal system at the location identified above.

AUTHORIZED SIGNATURE X

[Signature]

DATE

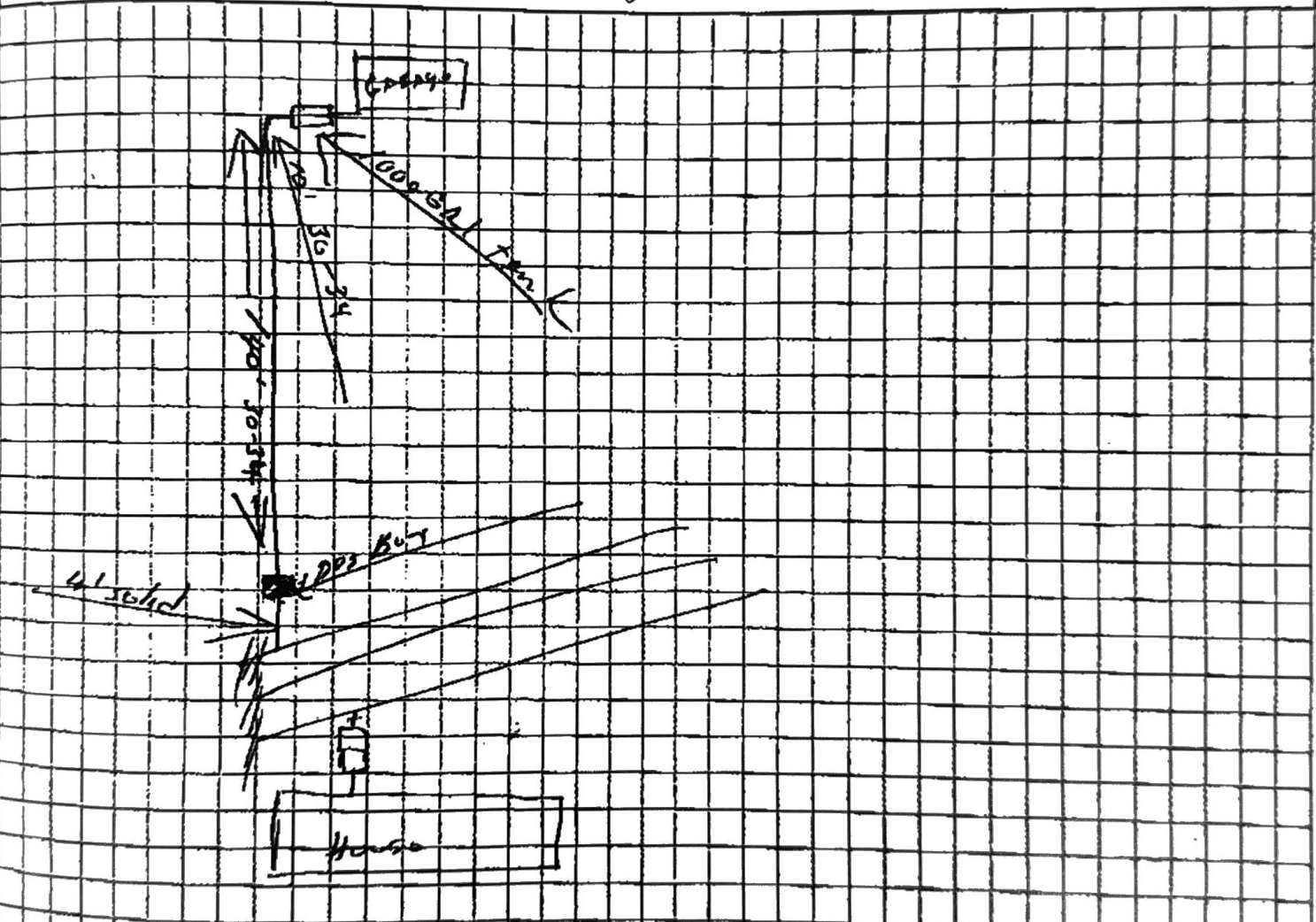
4/22/92

SPECIAL NOTES ON CONSTRUCTION

2

FINAL SEPTIC INSPECTION REQUEST AND NOTICE Date Received _____ **DESCHUTES COUNTY**
Pursuant to the requirements within ORS 454.665, OAR 340-71-175, the system installer and/or the permittee must notify the Deschutes County Environmental Health Division when the construction, alteration or repair of a system is completed (except for backfilling or covering of the installation). The Division has 7 days to perform an inspection of the completed construction after the official notice date, unless the Division elects to waive the inspection and authorizes the system to be backfilled earlier. Receipt and acceptance of this completed form by the Division establishes the official notice date of your request for the pre-cover inspection. Please complete the form and return it to the Community Development Department. Forms that are determined to be incomplete will be returned.
Use the space provided to accomplish the as-built. The reverse side may be used for the list of materials.

SEPTIC PERMIT # S-39564 ADDRESS 69015 BARCLAY CRT S. SPERS



Construction was performed by:
☐ Property owner (Permittee)
☒ Sewage Disposal Service

Business Rich Morris EXCOR DEQ LICENSE # 36747
(Print Full Business Name)

I certify the information provided in this notice is correct, and that the construction of this system was in accordance with the permit and the rules regulating the construction of on-site sewage disposal systems (OAR Chapter 340, Divisions 71 and 73).

INSTALLER'S SIGNATURE Rich Morris

S-39 564

On-Site System Components List

Please list all materials used in constructing this system on the spaces provided below.

Component	Quantity/Length	Size - Supplier - Manufacturer - Model Number
Septic Tank	100 GAL	Pre cast
Effluent Tank		
Perforated Pipe		
Drain Media		
Header Pipe		
Drop Box		
Distribution Pipe	1	United Pipe
Pump Package		
Sand Filter Media		
Sand Filter Underdrain Media		
Other: (specify)		
30-34	150'	United P.P.