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

SEP 16 1991

(START CARD) #

WATER RESOURCES DEPT.  
SALEM, OREGON

(1) OWNER:  
Name Everett Alan Melton  
Address 17310 Kent Rd  
City Sisters State Ore Zip 97759

(9) LOCATION OF WELL by legal description:  
County Des Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 15 S N or S. Range 10 E E or W. W.M.  
Section 3 NW 1/4 NW 1/4  
Tax Lot 1500 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) \_\_\_\_\_  
69172 Barclay Ct Sisters, Ore

(2) TYPE OF WORK:  
 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 99 ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL Amount

Diameter	From	To	Material	From	To	sacks or pounds
<del>10"</del>	<del>0</del>	<del>33</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>	<del>_____</del>
12"	0	33	cement	33	5	110 sacks
10"	33	99	bentonite	5	0	7 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	99	.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 machine  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
79	99	1/8 by 3	456			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 100 Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 53 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: \_\_\_\_\_

(10) STATIC WATER LEVEL:  
40 ft. below land surface. Date 8-24-91  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 14

From	To	Estimated Flow Rate	SWL
38	99		40

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
brn soil	0	2	
med to crse gravel (gray sand caving (WB 14))	2	24	
gray congl	24	38	
med gravel sand (WB)	38	99	

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MAR 10 2014  
SALEM, OR

Date started 8-21-91 Completed 8-24-91

(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.

Signed John F. Allen WWC Number 1317 Date 8-27-91

(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.

Signed John V. Johnson WWC Number 595 Date 8-27-91

STATE OF OREGON  
 WATER SUPPLY WELL REPORT  
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 111074  
 START CARD # 1019566

(1) LAND OWNER Owner Well I.D. \_\_\_\_\_  
 First Name Roger Last Name Johnson  
 Company \_\_\_\_\_  
 Address PO Box 1293  
 City Sisters State OR Zip 97759

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

(3) DRILL METHOD  
 Rotary Air  Rotary Mud  Cable  Auger  Cable Mud  
 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 120 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	18.5	Bentonite	0	18.5	10	S
8	18.5	98.5					
6	98.5	120					

How was seal placed: Method  A  B  C  D  E  
 Other Poured Dry  
 Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(6) CASING/LINER  

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1.5	98.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

 Shoe  Inside  Outside  Other Location of shoe(s) 98.5  
 Temp casing  Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS  
 Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_  

Perf/S	Casing/	Screen	Scrns/slot	Slot	# of	Tele/
creen	Liner	Dia	width	length	slots	pipe size

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		115	1

Temperature 48 °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)  

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)  
 County DESCHUTE Twp 15 S N/S Range 10 E E/W WM  
 Sec 3 SW 1/4 of the NW 1/4 Tax Lot 1501  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

69160 Barclay Ct

(10) STATIC WATER LEVEL Date \_\_\_\_\_ SWL(psi) + SWL(ft)  

Existing Well / Predeepening	Completed Well	Date	SWL(psi)	SWL(ft)
		<u>04-15-2013</u>		<u>29</u>

 Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 90

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
<u>04-15-2013</u>	<u>90</u>	<u>120</u>	<u>25</u>		<u>29</u>

(11) WELL LOG Ground Elevation \_\_\_\_\_  

Material	From	To
Tops Soil	0	1
Sand and Gravel	1	6
Coarse Sand and Gravel	6	43
Black Sand and Gravel	43	65
Large Gravel	65	90
Gravel	90	120

RECEIVED BY OWRD  
 MAY 21 2013  
 SALEM, OR

Date Started 04-14-2013 Completed 04-15-2013  
 (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 \_\_\_\_\_ Date \_\_\_\_\_  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed \_\_\_\_\_

(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 1822 Date 04-15-2013  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed James Olson  
 Contact Info (optional) \_\_\_\_\_