

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

"To" DESC 54109

WELL ID # L48676
 (START CARD) # 136897

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

(1) OWNER: Well Number: #3
 Name Mr. Steve Keaton
 Address 69995 Camp Polk Rd.
 City Sisters State OR Zip 977

(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 580 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
18.5	0 20	Benonite	0 20	24 Sacks	
12.25	20 580				

How was seal placed: Method A B C D E
 Other Poured Dry
 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: 14in	+1.5 20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 10in	0 480	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8in	480 580	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
420	480	3/16	2160	10in		<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	560	3/16	1920	8in		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
250	127	425	48 hr.

Temperature of Water 51 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 14S N or S. Range 10E E or W. of WM. _____
 Section 36 1/4 _____ 1/4 _____
 Tax lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 69995 Camp Polk Rd., Sisters, OR

(10) STATIC WATER LEVEL:
225 ft. below land surface. Date 7/12/01
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 256

From	To	Estimated Flow Rate	SWL
256	310	25+	225
387	414	50+	225
414	580	500+	225

(12) WELL LOG:

Material	From	To	SWL
Brown Sandy Soil & Basalt	0	1	
Broken Gray & Brown Rock	1	5	
Visicular Gray Basalt	5	39	
Gray Basalt & Brown Ash	39	63	
Brown Tufted Ash	63	97	
Red Tufted Ash	97	123	
Reddish Brown Tufted Ash	123	166	
Hard Gray Basalt	166	256	
Brown Broken Lava WB	256	310	225
Hard Gray Basalt	310	387	225
Medium Gray Visicular Basalt WB	387	414	225
Red Cinders WB	414	452	225
Broken Brown Lava & Ash WB	452	484	225
Red & Black Cinders WB	484	490	225
Broken Brown Lava WB	490	540	225
Brown Lava & Tan Ash WB	540	580	225

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 WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 REDMOND, OR 97756
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 7/2/01 Completed 7/12/01

(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 my best knowledge and belief.
 Signed _____ WWC Number _____ 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.
 Signed Robert Buckner WWC Number 1385 Date 9/11/01
 Robert Buckner

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WATER RESOURCES DEPT
 SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.705)

"From" 52108

WELL ID # L30437
 (START CARD) # 102046

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

(1) OWNER: Well Number: 82
 Name Keaton, Kalberg, Jacobson
 Address 68428 Cloverdale Rd.
 City Sisters State OR Zip 97759

(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 475 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	294	Cement Grout	0	294	98 sacks
8"	294	475				

How was seal placed: Method A B C D E
 Other
 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"	+2	294	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-282	475	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
435	475	3/16"	488	6"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gain/loss	Drawdown	Drill stem at	Time
300	5'	430	1 hr.

Temperature of Water 55 Depth Artesian Flow found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Yes No
 Salty Muddy Odor Colored Other _____
 Depth of strata: 175

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 14S N or S. Range 10E E or W. of WM.
 Section 36 NW x NW x
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address):
Camp Polk Rd., Sisters, OR

(10) STATIC WATER LEVEL:
175 ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 175

From	To	Estimated Flow Rate	SWL
175	286	50+	175
365	475	600+	175

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil & Boulders	0	2	
Gray Basalt	2	33	
Brown Lava Rock	33	55	
Red Cinder Rock	55	155	
Purple Cinder Rock	155	175	
Brown Cinders & Basalt WB	175	195	175
Brown Lava Rock WB	195	228	175
Brown Lava & Ash WB	228	248	175
Brown Lava Very Broken WB	248	261	175
Harder Brown Lava Rock WB	261	274	175
Broken Brown Basalt WB	274	286	175
Hard Brown & Gray Basalt	286	365	175
Broken Brown Lava WB	365	380	175
Hard Gray & Black lava WB	380	410	175
Brown Lava WB	410	430	175
Red Cinder Rock WB	430	446	175
Purple Cinder Rock WB	446	475	175

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WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 11/19/98 Completed 11/24/98

(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 my best knowledge and belief.

Signed _____ WWC Number _____
 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.

Signed Robert Buch WWC Number 1385
 Date 12/10/98
 Western Water Development Corporation

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 SALEM, OREGON