

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

RECEIVED

AUG 12 1994

(START CARD) # 51600

Desc
9413

L71248 / HS / 11E /

Instructions for completing this report are on the last page of this WATER RESOURCE REPORT

(1) OWNER: Well Number #1 SALEM, OREGON
Name John Bryan
Address 555 Bryant St #244
City Palo Alto State Ca Zip 94301

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

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable 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 404 ft.
Explosives used Yes No Type Amount

HOLE		SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	19	Bentonite	0	19	14
8"	19	404				

How was seal placed: Method A B C D E
 Other Poured down 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: 8"	+1	-19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-4	-404	18	<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 Perfect
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
324	404	3/16	960	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
40-50	50'	395	1 hr.
62	62		1 hr.

Temperature of water _____ 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: _____

(9) LOCATION OF WELL by legal description:
Township 14S N or S Range 11E E or W. WM
Section 0 1/4 1/4
Tax Lot 105 Lot Block Subdivision
Street Address of Well (or nearest address)
71100 Holmes Rd Sisters 70955

(10) STATIC WATER LEVEL:
310 ft. below land surface. Date 4/26/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 311

From	To	Estimated Flow Rate	SWL
311	342	15GPM	
342	391	10-15GPM	
391	404	30-40GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy Top Soil	0	3	
Tan Sandstone	3	41	
Brown Sandstone	41	87	
Red Sandstone	87	123	
Grey Sandstone	123	129	
Brown Sandstone	129	146	
Light Tan Sandstone	146	157	
Brown Basalt, some fract	157	194	
Brown Sandstone	194	241	
Brown Cong. large Gravel	241	281	
Red Sandstone	281	311	
Brown Conglomerate W/B	311	342	
Grey Basalt W/layers			
Conglomerate W/B	342	391	
Red Cinders W/B	391	404	

Date started 4/24/94 Completed 4/26/94

(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 Robert Buckner WWC Number 1385 Date 8-5-94

(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 Robert Buckner WWC Number 1385 Date 8-5-94

WATER RESOURCES DEPT
SALEM, OREGON

T 10480

For Official Use Only by The Oregon Water Resources Department:

RECEIVED

MAY 07 2004

County Well Log ID #

DESC 9413

Well Identification Tag #

L 71248

WATER RESOURCES DEPT.
SALEM, OREGON

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION

(This well is well # 2 of 2 wells on the property)

Owner's Name: John Bryan

Mailing Address: PO Box 2067

City: Sisters State: OR Zip: 97759

Send Well Tag to (realtor or other party name & address): Susan Lester, R.E. Broker

WINDERMERE / C.O. RR. 61510 S. Hwy 97 Bend, OR 97702

WELL LOCATION INFORMATION

County: Deschutes Township: 14 North or South (circle one) Range: 11 East or West (circle one)

Section: 11 SW 1/4 NW 1/4 Tax Lot #: 125

Street Address of Well: the well log is not correct as to today's address of the home, note: it is 70955 Holmes Rd Sisters, OR 97759

Previously 71100 Holmes
WELL INFORMATION (Do not complete if well report is attached. Information on locating well reports is on reverse.)

Type of Well (i.e. domestic, irrigation, etc): Both Date Well Constructed: 8594

Well Constructor/Company: See attached well log

Well Depth (in feet): Diameter of Well Casing (in inches):

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known):

John Bryan

Other Information: note 2nd well tag application

Mail form to: Oregon Water Resources Department, 725 Summer St. NE, Suite A, Salem, OR 97301-1271, or fax to 503-986-0902

RECEIVED

OCT 24 2007

1 10480

WATER RESOURCES DEPT
SALEM, OREGON

11/11

DESC 52005 OFF

NOV 02 1998

STATE OF OREGON WATER SUPPLY WELL REPORT WATER RESOURCES DEPT. (as required by ORS 337.765) SALEM, OREGON

WELL I.D. # L 29205 START CARD # 114509

(1) OWNER: Well Number _____ Name John Bryan Address P.O. Box 12067 City Sisters State OR Zip 97759

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

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

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

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 620 ft. Explosives used [] Yes [X] No Type _____ Amount _____

Table with columns: HOLE Diameter, From, To, Material, SEAL From, To, Sacks or pounds. Row 1: 12, 0, 18 1/2, Bentonite, 0, 18 1/2, 10. Row 2: 8, 18 1/2, 620, 620.

How was seal placed: Method [] A [] B [] C [] D [] E [] Other Poured in dry Backfill placed from _____ ft. to _____ ft. Material _____ Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Table for CASING/LINER with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Casing: 8, 1 1/2, 18 1/2, 250. Liner: 6, -10, 620, 188.

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Material, Telephone size, Casing, Liner. Row 1: 580, 620, 1/2 x 3/8, 360, 6.

(8) WELL TESTS: Minimum testing time is 1 hour. [] Pump [] Bailor [X] Air [] Flowing Artesian. Yield 40, Drawdown 0, Drill stem at 615, Time 1:30. Temperature of water 50°. Depth Artesian Flow Found _____

(9) LOCATION OF WELL by legal description: County Deschutes Latitude _____ Longitude _____ Townships 14 N or S Range 11 W or E. Sec. 11 SW 1/4 NW 1/4. Tax Lot 105 Lot _____ Block _____ Subdivision _____ Street Address of Well (or nearest address) 70955 Holms Rd. Sisters, OR 97759

(10) STATIC WATER LEVEL: 343 ft. below land surface. Date 10-20-98. Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES: Depth at which water was first found 352

Table with columns: From, To, Estimated Flow Rate, SWL. Rows: 352-410 (8), 410-422 (12), 422-541 (2.0), 541-580 (2.6), 580-620 (4.0). SWL values: 343, 343, 343, 343, 343.

(12) WELL LOG: Ground Elevation _____

Table for WELL LOG with columns: Material, From, To, SWL. Rows: Top soil (0-2), Brown sand stone (2-297), Lava (297-352), W.B. Red sand stone (352-410), W.B. Brecken Lava (410-422), W.B. Brown sand stone (422-541), W.B. Brecken Lava (541-580), W.B. Red Cinders (580-620).

Date started 10-16-98 Completed 10-20-98 (embodied) 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 Helper Jeff Handall WWC Number _____ Date 10-27-98

(embodied) 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 Doug Aiken WWC Number 1255 Date 10-27-98

1 1048

DESC 57601

Desc 57601

STATE OF OREGON WATER SUPPLY WELL REPORT

WELL I.D. # L 49658

START CARD # 180707

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

(1) LAND OWNER Name Carl Berry Well Number Address 69550 Holmes Rd. City SISTERS State OR Zip 97759

(2) TYPE OF WORK [X] New Well [] Deepening [] Alteration [] Abandonment [] Conversion

(3) DRILL METHOD [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Other

(4) PROPOSED USE [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION Special Construction: [] Yes [X] No Depth of Completed Well 640 ft. Explosives used: [] Yes [X] No Type Amount

Table with columns: BORE HOLE (Diameter, From, To, Material), SEAL (From, To, Sacks or Pounds)

How was seal placed: Method [] A [] B [] C [] D [] E [X] Other packed clay Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded

Drive Shoe used [] Inside [] Outside [] None Final location of shoe(s)

(7) PERFORATIONS/SCREENS [] Perforations Method N/A [] Screens Type Material

Table with columns: From, To, Slot Size, Number, Diameter, Tele/pipe size, Casing, Liner

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min 5.3 gpm Drawdown ft 640 Drill stem at Time 1 hr

Temperature of water 56° Depth Artesian Flow Found Was a water analysis done? [] Yes By whom Did any strata contain water not suitable for intended use? [] Yes [] No [] Too little [] Salty [] Muddy [] Odor [] Other Depth of strata: RECEIVED

(9) LOCATION OF WELL (legal description) County Deschutes Tax Lot 203 Lot Township 14 N of S Range 11 E or W WM Section 33 T14N R11E S33 NE 1/4

Lat _____ " or _____ (degrees or decimal) Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 69550 Holmes Rd.

(10) STATIC WATER LEVEL 478 ft. below land surface. Date 7/23/06

Artesian pressure N/A lb. per square inch Date

(11) WATER BEARING ZONES 478 ft. Depth at which water was first found

Table with columns: From, To, Estimated Flow Rate, SWL

(12) WELL LOG Ground Elevation

Table with columns: Material, From, To, SWL

Date Started 6/29/06 Completed 7/23/06

(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. WWC Number 1371 Date 8/20/06 Signed Bill A. Brown Prockett

(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. WWC Number 1371 Date 08/20/06 Signed Bill A. Brown