

Attachment D

Well Logs: DESC 1034 and DESC 57902

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JAN 02 2009

WATER RESOURCES DEPT
SALEM, OREGON

T 10766

Desc 1034 RECEIVED

15S/10E/85

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

SEP 16 1991

(START CARD) # 27957

(1) OWNER: Well Number: Name Hap Taylor Construction WATER RESOURCES DEPT Address 2641 NR Ravenwood Dr. SALEM, OREGON City Bend State OR Zip 97701

(9) LOCATION OF WELL by legal description: County Deschutes Latitude Longitude Township 15 S N or S. Range 10 E E or W. WM. Section 8 4 4 Tax Lot Lot Block Subdivision Street Address of Well (or nearest address) 15200 McKenzie Hwy Sisters, OR

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recurdition [] Abandon

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

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

(10) STATIC WATER LEVEL: 101 ft. below land surface. Date 7/31/91 Artesian pressure lb. per square inch. Date

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 302 ft. Explosives used [] [X] Type Amount

(11) WATER BEARING ZONES: Depth at which water was first found 105'

Table with columns: HOLE Diameter, SEAL Material, Amount sacks or pounds. Rows for 22", 17", 14", 13" diameters with seal materials like Cement.

Table with columns: From, To, Estimated Flow Rate, SWL. Rows for zones 251-295.

(6) CASING/LINER: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for casing and liner.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Lists soil types like Top soil, Cobble with sand & dirt, Volcanic gravels, Basalt black porous, etc.

(7) PERFORATIONS/SCREENS: [X] Perforations Method Material [] Screens Type

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

Date started 7-19-91 Completed 8-12-91

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

(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.

Signed [Signature] WWC Number 1358 Date 8-21-91

Temperature of water 51 Depth Artesian Flow Found

(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.

Signed [Signature] WWC Number 723 Date 8-21-91

T 10766 WATER RESOURCES DEPT SALEM, OREGON

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SEP 16 1997

STATE OF OREGON

WATER WELL REPORT
(as required by ORS 537.765)

(START CARD) # 27957 (cont'd)

(1) OWNER:

Name Hap Taylor Construction (cont'd) Well Number WATER RESOURCES DEPT. SALEM, OREGON
Address _____
City _____ State _____ Zip _____

(9) LOCATION OF WELL by legal description:

County _____ Latitude _____ Longitude _____
Township _____ N or S, Range _____ E or W, WM.
Section _____ 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(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 _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(5) BORE HOLE CONSTRUCTION:

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

Diameter	From	To	Material	SEAL		Amount
				From	To	

Amount: _____ sacks or pounds

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:

Casing	Diameter	From	To	Gauge	Steel Plastic Welded Threaded			
					<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"/>	<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: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
						<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"/>

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

Pump Baller Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
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? Too little

Salty Muddy Odor Colored Other _____

Depth of strata: _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Material	From	To	SWL
Basalt porous brown	295	301	101
Basalt porous brown hard	301	302	

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WATER RESOURCES DEPT
SALEM, OREGON

Date started _____ Completed _____

(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 Dennis J. Stull 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed _____ WWC Number _____ Date _____

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15S/10E/5

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.785)

JUN - 9 1992

(START CARD) # .27957

(1) OWNER:
Name Hap Taylor Construction
Address 2641 NE Raverwood Dr.
City Bend State Oregon Zip 97701

WATER RESOURCES DEPARTMENT LOCATION OF WELL by legal description:
County Deschutes Township 15 S Range 10 E Section 5
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Sisters School
New construction

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

HOLE		SEAL		Material	Amount	
Diameter	From	From	To		sacks	pounds
22"	0	39	0	Cement	0	39
17"	39	190				
14"	190	244				
13"	244	302				

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: 18"	+1	39	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14"	+1 1/2	244	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	238	302	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:
 Perforations Method FACT
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telap/pipe size	Casing	Liner
242	302	1/8x1/2	2400	10"		<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 _____
1200 _____ .3ft _____ 220 _____ 8 hrs

Temperature of water 51 degrees Artesian Flow Found _____
Was a water analysis done? Yes No By whom _____
Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other _____
Depth of strata: _____

(10) STATIC WATER LEVEL:
101 ft. below land surface. Date 7-31
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 105'

From	To	Estimated Flow Rate	SWL
251	273	1200+	101
283	288	1200+	101
288	295	1200+	101
295	301	1200+	101

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top soil	0	1	
Cobbles with sand and dirt	1	23	
Volcanic gravels	23	34	
Basalt black porous	34	50	
Basalt grey hard	50	63	
Cinders Red	63	75	
Volcanic gravels grey & red	75	92	
Basalt grey med fract	98	103	
Pumice white	103	105	
Basalt grey fractured	105		
with round gravels		145	101
Conglomerate brown	145	155	101
Rock grey hard	155	160	101
Rock soft grey & brown	160	175	101
gravel brocken	175	193	101
rock broken grey & brown	193	203	101
conglomerate tight brown	203	235	101
Rock broken with gravel	235	241	101
Basalt grey hard & porous	241	251	101
Basalt brown porous	251	273	
Basalt grey hard	273	283	
Basalt porous grey & lavender	283	288	
Cinders red	288	295	

(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 [Signature] WWS-Number 1358
Date 8-16-91

(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 [Signature] WWC Number 123
Date 8-16-91

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER

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WATER RESOURCES DEPT
SALEM, OREGON

T 10766

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

ORSC
 1034

JUN 9 1992

158/10e/5
 Continued Page 2

(START CARD) # 27957

(1) OWNER: **WATER RESOURCES**
 Name **Hap Taylor Construction**
 Address **2641 NE Ravenwood Dr**
 City **Bend** State **Oregon** Zip **97701**

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

HOLE Diameter	From	To	SEAL		Amount sacks or pounds
			Material	From To	

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:

Casing	Diameter	From	To	Gauge				
					Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of cemental.

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing		Liner
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input 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
 _____ _____ _____ 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? Too little
 Saky Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County _____ Latitude _____ Longitude _____
 Township _____ N or S. Range _____ E or W. W.M. _____
 Section _____ W _____ W
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Basalt porous brown	295	301	101
" " " hard	301	302	

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WATER RESOURCES DEPT
 SALEM, OREGON

Date started 7-19-91 Completed 8-12-91

(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 [Signature] WWC Number 1358
 Date 8-16-91

(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 [Signature] WWC Number 723
 Date 8-16-91

T 10766

DESC 57902

DESC 57902

03-06-2007

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 84019

REGISTERED CARD # 1000329

RECEIVED 3-20-07

REGISTERED CARD # 3-20-07

(1) LAND OWNER

Owner Well I.D. Sisters Well #3

First Name Last Name Company CITY OF SISTERS Address 520 EAST CASCADE AVE City SISTERS State OR Zip 97759

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

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

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

(5) BORE HOLE CONSTRUCTION Special Standard [X] Attach copy Depth of Completed Well 288.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows include Cement, Bentonite Chips, and Cement.

How was seal placed: Method [] A [] B [X] C [] D [] E

Backfill placed from ft. to ft. Material Filter pack from ft. to ft. Material Size Explosives used: [] Yes Type Amount

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, From, To, Gauge, Std, Plstc, Wid, Thrd. Includes rows for 16 and 14 inch diameters.

Shoe [] Inside [] Outside [] Other Location of shoe(s) Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Table with columns: Part/ Screen, Casing/ Liner, Dia, From, To, Sern/slot width, Slot length, # of slots, Tele/ pipe size. Includes a row for 14 inch diameter casing.

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

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr). Rows for 1,500, 2,000, and 2,500 yield.

Temperature 54 °F Lab analysis [] Yes [] No Water quality concerns? [] Yes (describe below) [] No

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 10-07 S N/S Range 10.00 E E/W WM Sec 4 SE 1/4 of the NW 1/4 Tax Lot 103

NE LOT ABOUT 350 FT WEST OF CAMP POLK RD AT INTERSECTION WITH BARCLAY

(10) STATIC WATER LEVEL

Table with columns: Date, SWL (psi), SWL (ft). Rows for Existing Well/Predeepening and Completed Well (02-02-2007, 73.3).

Table with columns: SWL Date, From, To, Eat Flow, SWL (psi), SWL (ft). Header: WATER BEARING ZONES Depth water was first found.

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Lists various geological layers like Top Soil, Gravels, Basalt, etc.

Date Started 11-27-2006 Completed 02-02-2007

(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.

License Number 1702 Date 03-06-2007 Electronically Filed Signed RUSTY R. OTTO (E-filed)

(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.

License Number 1523 Date 03-06-2007 Electronically Filed Signed ROBERT STADELI (E-filed)

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.88

T 10766 JAN 02 2009 WATER RESOURCES DEPT SALEM, OREGON

AMENDED DESC 57902

3-20-07

WATER SUPPLY WELL REPORT -
continuation page

AMENDED DESC 57902

3-6-07 03-06-2007

WELL I.D. # L 84019

Page 2 of 3

START CARD # 1000929

(5) BORE HOLE CONSTRUCTION

BORE HOLE			SEAL				Sacks/ lbs
Dia	From	To	Material	From	To	Amount	

FILTER PACK

From	To	Material	Size

(6) CASING/LINER

Casing Liner	Dia	+	From	To	Gauge	Std	Plstc	Wld	Thrd

(7) PERFORATIONS/SCREENS

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/Slot width	Slot length	# of slots	Tele/ pipe size

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
3,000	6	175	2

Water Quality Concerns

From	To	Description	Amount	Units

(10) STATIC WATER LEVEL

Water Bearing Zones

SWL Date	From	To	Est Flow	SWL (psi)	+ SWL (ft)

(11) WELL LOG

Material	From	To

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WATER RESOURCES DEPT
SALEM, OREGON

Comments/Remarks

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MAR 29 2007
WATER RESOURCES DEPT
SALEM, OREGON

T 10756

Map of well



Oregon

Theodore R. Kulongoski, Governor

January 17, 2007

GEO TECH EXPLORATIONS
ROBERT STADELI #1523
19700 SW TETON
TUALATIN OR 97062

Water Resources Department
North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1266
503-986-0900
FAX 503-986-0904

JAN 19 2007

FINAL ORDER

Dear Robert:

The Special Standard request you submitted for owner: City of Sisters, Start Card number 1000329 is hereby approved for the following: You may use 3/4-inch unhydrated bentonite chips in this well from a depth of 155 ft bgs to 170 ft bgs due to a lost circulation zone. The sealing material from 155 ft bgs to land surface shall be cement grout. The placement of the bentonite shall conform to the Departments rules and the manufacturers specifications and result in a seal that is free of voids or bridges. Care shall be taken to minimize the introduction of bentonite dust (See OAR 690-210-0330). All other standards must be adhered to. Your Special Standard request form is enclosed.

The Well Construction Standards serve to protect ground water resources. By approving and issuing this special construction standard the Oregon Water Resources Department is not representing that a well constructed in accordance with this condition will maintain structural integrity or that it meets engineering standards. The well constructor/or landowner is responsible for ensuring that a well is constructed in a manner that protects ground water resources as required under Oregon Administrative Rules 690-200 through 690-240.

If you have any questions concerning this letter, I may be contacted at (503) 986-0851, or by e-mail at Kristopher.R.Byrd@wrdd.state.or.us.

Sincerely,

Kristopher Byrd
Well Construction Program Coordinator
Enforcement Section

cc: Larry Carey, SC Region Well Inspector
File.

This is a final order in other than contested case. This order is subject to judicial review under ORS 183.484. Any petition for judicial review must be filed within the 60 day time period specified by ORS 183.484(2). Pursuant to ORS 536.075 and OAR 137-004-0000 you may either petition for judicial review or petition the Director for reconsideration of this order. A petition for reconsideration may be granted or denied by the Director, and if no action is taken within 60 days following the date the petition was filed, the petition shall be deemed denied.

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WATER RESOURCES DEPT
SALEM, OREGON

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MAR 28 2007

WATER RESOURCES DEPT
SALEM, OREGON

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