

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

DESC  
 52653

WELL ID # 31685

(START CARD) # 83394

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

(1) OWNER: Well Number: \_\_\_\_\_  
 Name Richard Mitty farm trust  
 Address Camp Polk Rd.  
 City Sisters State OR Zip \_\_\_\_\_

(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 115 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
10	0	115	cement	70	25	22 sacks	
			Bentonite	25	0	15 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:	6	+1	115	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
75	115	1/8x3	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	Drawdown	Drill stem at	Time
150+		115	1 hr.

Temperature of Water 52 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 15S N or S. Range 10E E or W. of WM.  
 Section 4 S/E 1/4 NW 1/4  
 Tax lot 103 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Camp Polk Rd. Sisters  
OR

(10) STATIC WATER LEVEL:  
61 ft. below land surface. Date 9/15/99  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 61

From	To	Estimated Flow Rate	SWL
61	115		61

(12) WELL LOG:

Ground elevation \_\_\_\_\_

Material	From	To	SWL
Topsoil	0	1	
Gravel	1	115	61

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 DEC 23 2008  
 WATER RESOURCES DEPT  
 SALEM, OREGON  
 RECEIVED  
 OCT 06 1999  
 WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 9/13/99 Completed 9/15/99

(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 Douglas R. Dunagan WWC Number 1575  
 Date 10/3/99

T 10761

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

DESC 55842

WELL ID # 64885

(START CARD) # 157681

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

**(1) OWNER:** Well Number: Brogan20  
 Name Brooks Resources Inv Corp/William Smith Properties  
 Address 15 SW Colorado Ave., Suite A  
 City Bend State OR Zip 97701

**(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 30 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks	pounds
12in	0	30	Bentonite	0	23	66	sacks

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: 6in	+1.5	30	.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) 30

**(7) PERFORATIONS/SCREENS:**

Perforations Method Factory Saw  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
23	30	1/8	84			<input checked="" 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
40+	10	25	1 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 15S N or S. Range 10E E or W. of WM.  
 Section 15 NE 1/4 NW 1/4  
 Tax lot 1401 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 68301 Hwy. 20,  
Sisters, OR 97759

**(10) STATIC WATER LEVEL:**  
6 ft. below land surface. Date 9/19/03  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**  
 Depth at which water was first found 12

From	To	Estimated Flow Rate	SWL
12	30	40+	6

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

Material	From	To	SWL
Sandy Top Soil	0	2	
Cobbles, Sand, Gravels	2	6	
Sand & Gravels some large boulders WB	6	32	6

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DEC 23 2008

WATER RESOURCES DEPT  
 SALEM, OREGON

WESTERN WATER DEVELOPMENT  
 P.O. Box 1670  
 REDMOND, OR 97756

RECEIVED

JAN 15 2004

WATER RESOURCES DEPT

Date started 9/16/03 Completed 9/18/03

**(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.

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 1385  
 Signed Robert Buckner Date 9/18/03  
 Robert Buckner

T 10761