

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

05-27-2008

WELL LABEL # L 96139

START CARD # 1003342

WELL # 1

(1) LAND OWNER Owner Well I.D.

First Name JUDY Last Name KNAPP
Company WILLOWS PROPERTIES
Address PO BOX 1270
City SISTERS State OR Zip 97760

(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 [X] Irrigation [] Community
[] Industrial/ Commercial [] Livestock [] Dewatering
[] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION Special Standard [] Attach copy

Depth of Completed Well 610.00 ft.

Table with columns: Dia, From, To, Material, SEAL, To, Amt, lbs. Includes Bentonite Chips.

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

[X] 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

Table with columns: Casing, Liner, Dia, From, To, Gauge, Stl, Platc, Wld, Thrd

Shoe [] Inside [] Outside [] Other Location of shoe(s)

Temp casing [] Yes Dia From To

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size

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

[] Pump [] Bailor [X] Air [] Flowing Artesian

Table with columns: Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr)

Temperature 51 °F Lab analysis [] Yes By

Water quality concerns? [] Yes (describe below)

Table with columns: From, To, Description, Units

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 14.00 S N/S Range 10.00 E E/W WM
Sec 21 NW 1/4 of the SE 1/4 Tax Lot 2101
Tax Map Number Lot
Lat 44° 20' 42.000" or 44.34500000 DMS or DD
Long -121° 32' 23.000" or -121.53972222 DMS or DD

Street address of well Nearest address
70190 INDIAN FORD RD SISTERS

(10) STATIC WATER LEVEL

Table with columns: Existing Well / Predeepening, Date, SWL(psi), SWL(ft), Completed Well

Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES Depth water was first found 455

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), SWL(ft)

(11) WELL LOG

Ground Elevation 3,165

Table with columns: Material, From, To. Lists various soil types like Sand Pumice Brown, Clay Brown, Basalt Black, etc.

Date Started 05-21-2008 Completed 05-22-2008

(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 758 Date 05-27-2008

Electronically Filed Signed THOMAS R PECK (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 1720 Date 05-27-2008

Electronically Filed Signed JACK ABBAS (E-filed) Contact Info (optional)

RECEIVED JAN 14 2009

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

07-08-2008

WELL LABEL # L 96139

WELL # 1

START CARD # 1003710

(1) LAND OWNER Owner Well I.D.

First Name JUDY Last Name KNAPP
Company WILLOWS PROPERTIES
Address P O BOX 1270
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 792.00 ft.

Table with columns: Dia, From, To, Material, SEAL, Amt, lbs. Rows show bore hole details for diameters 14, 12, and 8 inches.

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
Table showing casing and liner specifications.

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

(7) PERFORATIONS/SCREENS Perforations Method Machine
Screens Type Material

Table with columns: Perf/S, Casing/Screen, Dia, From, To, Scrn/slot width, Slot length, # of slots, Tele/pipe size.

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

Table with columns: Pump, Bailer, Air, Flowing Artesian, Yield gal/min, Drawdown, Drill stem/Pump depth, Duration (hr).

Temperature 51 F Lab analysis Yes By
Water quality concerns? Yes (describe below)
From To Description Units

(9) LOCATION OF WELL (legal description)

County Deachutes Twp 14.00 S N/S Range 10.00 E E/W WM
Sec 21 NW 1/4 of the SE 1/4 Tax Lot 2101
Tax Map Number Lot
Lat 44 20 42.000 or 44.34500000 DMS or DD
Long -121 32 23.000 or -121.53972222 DMS or DD
Street address of well Nearest address
70190 INDIAN FORD RD

(10) STATIC WATER LEVEL

Table with columns: Date, SWL(psi), SWL(ft). Rows show existing and completed well static water levels.

(11) WELL LOG Ground Elevation

Table with columns: Material, From, To. Rows list geological layers like Lava Gray Hard, Lava Red Vesicular, Basalt Fractured Layers, etc.

Date Started 06-09-2008 Completed 07-02-2008

(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 758 Date 07-08-2008
Electronically Filed
Signed THOMAS R PECK (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. 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 1720 Date 07-08-2008
Electronically Filed
Signed JACK ABBAS (E-filed)
Contact Info (optional)

RECEIVED
JAN 14 2009

T 10769

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

WELL #2

WELL ID. # L 74531

START CARD # 167296

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

(1) LAND OWNER Well Number _____
Name Judy Knapp
Address 70190 Indian Ford Rd
City Sisters State OR Zip 97790

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other _____

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 590 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
12	0	18.5	BE	0	18.5	13 Sacks
8	18.5	600				

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: 8	+1.5	18.5	.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"/>

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

(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"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
140+	0	490	3 Hours

Temperature of water 48 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 (legal description)
County Desc _____
Tax Lot 2195 Lot _____
Township 14 S Range 10 E WM
Section 21 SW 1/4 NE 1/4

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

Street Address of Well (or nearest address)
70190 Indian Ford Rd

(10) STATIC WATER LEVEL
228 ft. below land surface. Date 1-10-05
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 282

From	To	Estimated Flow Rate	SWL
282	325	20+	226
482	446	120+	226

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
Top Soil and Boulders	0	5	
Hard Grey Lava	5	181	
Brown Claystone	181	205	
Hard Grey Lava	205	231	
Mild Brown Lava	231	268	
Brown Claystone	268	282	
Brown Sandstone	282	325	
Hard Grey Lava	325	385	
Brown Claystone	385	402	
Brown sandstone	402	446	226
Brown Claystone	446	600	

Date Started 1-4-05 Completed 1-10-05

(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.

WWC Number 1819 Date 1-10-05
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.

WWC Number 1822 Date 1-10-05
Signed _____

ORIGINAL - WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

RECEIVED

JAN 28 2005

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

JAN 14 2009

WATER RESOURCES DEPT
SALEM, OREGON

T 10769

