

NOTICE TO WATER WELL CONTRACTOR

The original and first copy
of this report are to be
filed with the

STATE ENGINEER, SALEM, OREGON 97310

within 30 days from the date
of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

RECEIVED

JAN 20 1977

State Well No. 145/11E 21cc

State Permit No.

WATER RESOURCES DEPT.

SALEM, OREGON

(1) OWNER:

Name Jerry Miller

Address 61386 Parrell Rd. Bend Ore

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary ☒ Driven ☐
Cable ☐ Jetted ☐
Dug ☐ Bored ☐

(4) PROPOSED USE (check):

Domestic ☒ Industrial ☐ Municipal ☐
Irrigation ☐ Test Well ☐ Other ☐

CASING INSTALLED:

Threaded ☐ Welded ☒
" Diam. from 1 ft. to 19 ft. Gage .250
6 " Diam. from 0 ft. to 562 ft. Gage .188
" Diam. from " ft. to " ft. Gage "

PERFORATIONS:

Perforated? ☒ Yes ☐ No.

Type of perforator used torch

Size of perforations 1/8 in. by 12 in.
132 perforations from 522 ft. to 562 ft.
perforations from " ft. to " ft.
perforations from " ft. to " ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name

Type Model No.

Diam. Slot size Set from " ft. to " ft.

Diam. Slot size Set from " ft. to " ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? ☐ Yes ☒ No If yes, by whom?

Yield: gal./min. with " ft. drawdown after " hrs.

" " " " " "

" " " " " "

Bailer test 4 1/2 gal./min. with 0 ft. drawdown after 1 hrs.

Artesian flow g.p.m.

Temperature of water 51 Depth artesian flow encountered " ft.

(9) CONSTRUCTION:

Well seal—Material used cement

Well sealed from land surface to 19 ft.

Diameter of well bore to bottom of seal 12 in.

Diameter of well bore below seal 8 in.

Number of sacks of cement used in well seal 7 sacks

Number of sacks of bentonite used in well seal 0 sacks

Brand name of bentonite

Number of pounds of bentonite per 100 gallons of water lbs./100 gals.

Was a drive shoe used? ☐ Yes ☒ No Plugs Size: location " ft.Did any strata contain unusable water? ☐ Yes ☒ No

Type of water? depth of strata

Method of sealing strata off

Was well gravel packed? ☐ Yes ☒ No Size of gravel:

Gravel placed from " ft. to " ft.

(10) LOCATION OF WELL:

County Deschutes

Driller's well number

SW 1/4 S1/4 Section 21 T. 14S R. 11E W.M.

Bearing and distance from section or subdivision corner

800' N & 750' E of SW corner Sec 21

(11) WATER LEVEL: Completed well.

Depth at which water was first found 507 ft.

Static level 502 ft. below land surface. Date 12/7/76

Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing 0

Depth drilled 565 ft. Depth of completed well 562 ft.

Formation: Describe color, texture, grain size and structure of materials;
and show thickness and nature of each stratum and aquifer penetrated,
with at least one entry for each change of formation. Report each change in
position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
brn sandy soil	0	6"	
hd gray rock	6"	3'	
red rock soft	3'	7'	
red & gray rock hd	7'	10'	
hd gray rock	10'	40'	
brn clay congl med	40'	63'	
red clay congl med	63'	73'	
tan sandstone crs	73'	100'	
tan sandstone & bldrs	100'	182'	
brkn brn rock hd	182'	198'	
brn sandstone crs	198'	211'	
hd gray rock	211'	217'	
blk & red rock soft	217'	240'	
tan clay & red rock	240'	247'	
hd brkn gray rock	247'	283'	
red cinders	283'	323'	
tan sandstone	323'	360'	
gray sandstone med	360'	435'	
hd brkn gray rock	435'	507'	502
hd brkn red rock (WR)	507'	565'	

Work started 12/7 19 76 Completed 12/22 19 76

Date well drilling machine moved off of well 12/22 19 76

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision.
Materials used and information reported above are true to my
best knowledge and belief.

[Signed] William L. Henry Date 12/27, 19 76

(Drilling Machine Operator)

Drilling Machine Operator's License No. 1042

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is
true to the best of my knowledge and belief.

Name Crawford Well Drilling

(Person, firm or corporation)

(Type or print)

Address 3626 NW Coyner Redmond, Oregon

[Signed] John Johnson

(Water Well Contractor)

Contractor's License No. 595 Date 12/27, 19 76

(USE ADDITIONAL SHEETS IF NECESSARY)

SP-4564-119

T 11077

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

DESC 58953

03-25-2010

Page 1 of 2

WELL LABEL # L 101176

START CARD # 1009541

(1) LAND OWNER Owner Well I.D. _____
First Name BROOK Last Name CAPPS
Company _____
Address P O BOX 2109
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 750.00 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Am't	lbs
12	0	19	Bentonite Chips	0	19	11	S
8	19	730					
6	730	750					

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
☒	☐	8	☒	1	19	.250	☒	☐	☐	☐
☐	☐	6	☐	9	730	.188	☒	☐	☒	☐
☐	☐						☐	☐	☐	☐
☐	☐						☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Machine _____

Screens Type _____ Material _____

Perf/S	Casing/	Screen							
reen	Liner	Dia	From	To	Scr/slot	Slot	# of	Tele/	
					width	length	slots	pipe size	
Perf	Liner	6	690	730	.125	3	456		

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)

40		730	1

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Deschutes Twp 14.00 S N/S Range 11.00 E E/W WM
Sec 21 SW 1/4 of the SW 1/4 Tax Lot 2702

Tax Map Number 141100 00 02702 Lot _____

Lat 44 ° 20 ' 17.000 " or 44.33805556 DMS or DD

Long -121 ° 25 ' 42.000 " or -121.42833333 DMS or DD

☒ Street address of well ☐ Nearest address

18080 WANONA

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Predeepening				
Completed Well	<u>03-23-2010</u>			<u>552</u>
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES Depth water was first found 630

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>03-22-2010</u>	<u>630</u>	<u>750</u>	<u>40</u>			<u>552</u>

(11) WELL LOG

Ground Elevation 3,117

Material	From	To
Sand Pumice Brown	0	8
Lava Red	8	14
Lava Gray	14	32
Crevice N/R	32	45
Soft	45	52
Medium Hard	52	205
Basalt Clay Seams Brown	205	255
Lava Gray Fractured	255	292
Cinders Red	292	315
Sandstone Brown	315	430
Lava Fractured Caving	430	450
No Returns	450	500
Conglomerate Brown	500	520
Cinders Red	520	530
Lava Gray	530	575
Conglomerate Brown	575	600
Basalt Fractured Layers	600	692
Sandstone Brown	692	718
Basalt Gray	718	750

Date Started 03-17-2010 Completed 03-23-2010

(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 03-25-2010

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 03-25-2010

Electronically Filed

Signed JACK ARBAS (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

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

Form Version: 0.95

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START CARD # 1009541

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Well Location Map

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SALEM, OREGON

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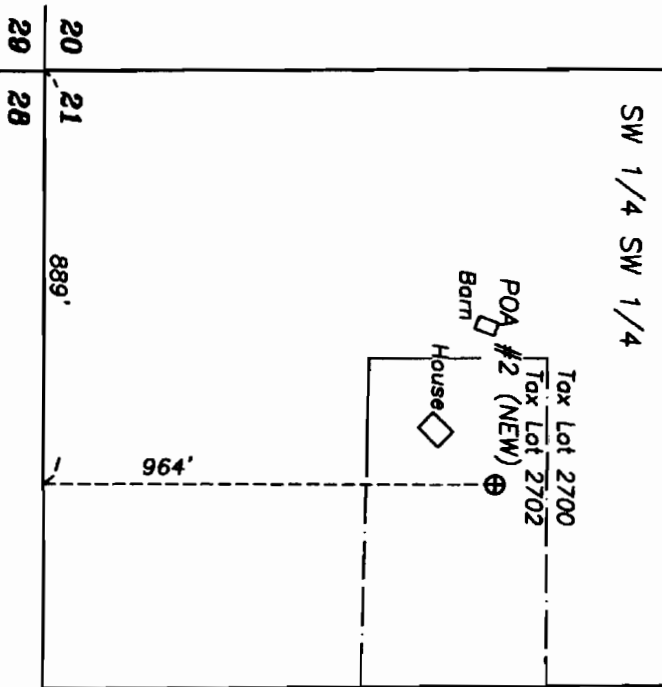
APR 08 2010

WATER RESOURCES DEPT
SALEM, OREGON

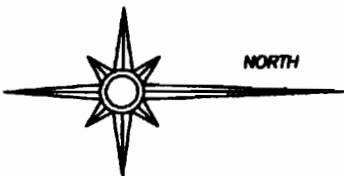
Well ID: L-101176

964' North and 889' East from SW Corner of
Section 21

Tax Lots 2700 and 2702, Map 14-11-00
18080 Wanona Road, Sisters, Oregon



Section 21
T14S, R11E, W.M.
Deschutes Co., OR



LAND OWNER SUBMITTED MAP



THIS MAP IS FOR THE PURPOSE OF IDENTIFYING THE LOCATION
OF THE WATER WELL. IT IS NOT INTENDED TO PROVIDE LEGAL
DIMENSIONS OR LOCATIONS OF PROPERTY OWNERSHIP LINES.



**STATE OF OREGON
WATER RESOURCES DEPARTMENT
North Mall Office Building
725 Summer Street NE, Suite A
Salem, OR 97301-1266**

**Contact: Exempt Use Well Program Coordinator
at (503)986-0861 (503)986-0902(fax)**

Received: 04/08/2010

Receipt # 1001415

Invoice#: 2861

Received From

**PATRICIA L CAPPS
BROOKS CAPPS
P. O. BOX 2109**

SISTERS, OR 977590000

CASH:

CHECK: #

Total Received: \$300.00



☒ **5680**

TREASURY EXEMPT USE FEE RECORDING FEE

EXEMPT USE RECORDING FEE

PCA 45148

\$300.00

WELL INFORMATION

Exempt Use Well ID: DESC 58953

Startcard #: 1009541

Well Tag #: L- 101176

Completed: 3/23/2010

Completed depth: 750

TRSQQ: 14S 11E 21 SWSW

Street of Well: 18080 WANONA

Date Landowner Map Received:

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**WATER RESOURCES DEPT
SALEM, OREGON**

**Oregon Water Resources Department
PUMP TEST FORM COVER SHEET**

Well Owner:
Name: Brooks Capps
Address: P.O. Box 2109
County: Deschutes
City: Sisters State: OR Zip: 97759
Original owner (from well log): Brooks Capps

Well Location:
Township: 14 S (N/S) Range: 11 E (E/W)
Section: 21 1/4: 1/16 1/4: 1/64
Well depth: _____ Date drilled: 3/25/2010
Owners well no. (if any): _____ POD ID: _____

Water Right Information:

Application: _____ Permit: _____ Certificate: _____
Is this well listed on more than one water right? ☐ Yes If yes, list additional water rights below:
Application: _____ Permit: _____ Certificate: _____
Application: _____ Permit: _____ Certificate: _____

Pump Test:

Test Conducted by: Abbas Pump Service (Jacob Abbas) Well Owner? ☐ Yes
Company: Abbas Pump Service
Address: P.O. Box 2130 Date of Test: 5/5/2010
City: Terrebonne State: OR Zip: 97760
Daytime phone: 541-548-0887

Method of discharge measurement (see our brochure for acceptable methods): Flow meter
Method of water-level measurement (pick one or enter other method used): Air line
Length of air line (if used): 672'

Pump type (pick one or enter other method used): 75 GPM 20 HP
Was the pump test conducted during normal use of the well? ☐ Yes Note: NO

Are you aware of any wells, other than domestic or stock wells, pumping within 1000 feet of the tested well during the test or within 24 hours prior to the test? ☐ Yes Note: NO
If yes, give approximate distances to each and approximate pumping rate of each. If possible, indicate if they were turned on or off during the test: _____

Is there a lake, stream or other surface water body within 1/4 mile of the tested well? ☐ Yes If yes, give approximate distance from the well and approximate elevation difference between the surface water and the well head. Approx. distance: _____ ft Approx. elevation difference: _____ ft

Well elevation is _____ surface water body.

Description of measuring point (e.g. top port of 1 inch port pipe, west side) TOP of Well Casing

Measuring point distance Above land surface 0 feet.

Static water level measurements: (A minimum of three measurements are required in the hour before pumping begins at no less than 20 minutes apart):

Time	Depth to water below meas. point	Depth to water below land surface
<u>11:00</u>	<u>557'</u>	<u>557'</u>
<u>10:30</u>	<u>557'</u>	<u>557'</u>
<u>0:30</u>	<u>557'</u>	<u>557'</u>

Discharge measurements: (A discharge measurement is required at the start of pumping and at least once an hour during the test; additional measurements should be noted on the Pump Test Data Sheet):

Time	Discharge Rate	Discharge Units (e.g. gpm, cfs, etc)
<u>11:40</u>		<u>83 gpm</u>
<u>12:30</u>		<u>83 gpm</u>
<u>1:30</u>		<u>83 gpm</u>
<u>2:30</u>		<u>83 gpm</u>
<u>3:30</u>		<u>83 gpm</u>

Time pump turned on: _____ Date: 5/5/2010 Time: 11:40 AM
Time pump turned off: _____ Date: 5/5/2010 Time: 3:40 PM
Total pumping time: 4 hours _____ minutes

Note: Well must be idle for at least 16 hours prior to the test.

Additional forms can be obtained from our web site at: <http://www.wrd.state.or.us>

OWRD 2/0/2000

Required Signature: Jacob Abbas

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MAY 18 2010

WATER RESOURCES DEPT
SALEM, OREGON

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