

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

"From" 52108

WELL ID # L30437

(START CARD) # 102046

(1) OWNER: Well Number: #2
 Name **Keeton, Kalberg, Jacobson**
 Address **68428 Cloverdale Rd.**
 City **Sisters** State **OR** Zip **97759**

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

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	294	Cement Grout	0	294	96 sacks
8"	294	475				

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: 8"	+2	294	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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: 6"	-282	475	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Factory**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tape/pipe size	Casing	Liner
435	475	3/16"	480	6"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
300	5'	430	1 hr.

Temperature of Water **55** 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: **175**

(9) LOCATION OF WELL by legal description:
 County **Deschutes** Latitude _____ Longitude _____
 Township **14S** N or S. Range **10E** E or W. of WM.
 Section **35** NW % NW %
 Tax Lot **100** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
Camp Polk Rd., Sisters, OR

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

(11) WATER BEARING ZONES:
 Depth at which water was first found **175**

From	To	Estimated Flow Rate	SWL
175	286	50+	175
365	475	600+	175

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil & Boulders	0	2	
Gray Basalt	2	33	
Brown Lava Rock	33	55	
Red Cinder Rock	55	155	
Purple Cinder Rock	155	175	
Brown Cinders & Basalt WB	175	195	175
Brown Lava Rock WB	195	228	175
Brown Lava & Ash WB	228	248	175
Brown Lava Very Broken WB	248	261	175
Harder Brown Lava Rock WB	261	274	175
Broken Brown Basalt WB	274	286	175
Hard Brown & Gray Basalt	286	365	175
Broken Brown Lava WB	365	380	175
Hard Gray & Black lava WB	380	410	175
Brown Lava WB	410	430	175
Red Cinder Rock WB	430	446	175
Purple Cinder Rock WB	446	475	175

RECEIVED

DEC 23 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 11/19/98 Completed 11/24/98

(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 Bucher** Date **12/10/98**
 Western Water Development Corporation

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

RECEIVED
 AUG 27 2007
 WATER RESOURCES DEPT.
 SALEM, OREGON