

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

NOV 25 1991

143/10E-3466

DESC  
119

(START CARD) # 32632

WATER RESOURCES DEPT.

(1) OWNER:

Name Mr. & Mrs. Glen R. Lowe  
Address 69263 Ladigo  
City Sisters State Or. Zip 97759

Well Number 556-91523(9) LOCATION OF WELL by legal description:

County Deschutes Latitude Longitude  
Township 14 or S. Range 10 E of W.M.  
Section 34 NW 1/4 NW 1/4  
Tax Lot 1600 Lot 1 Block 1 Subdivision  
Street Address of Well (or nearest address) Indian Ford  
Meadows Starr Ranch, Sisters, Or.

(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 228 ft.  
Explosives used  Yes  No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	3	#8 Bentonite	0	-3	2 sks
12"	3	19	type 1&2 cement	3	19	8 sks
8"	19	228				

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	
					1	2	3	4	1	2	1	2	1	2
	8"	+1	+19	.250	<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"/>
Liner:	6"	-8	-228	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoetsl \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method Machine  
 Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
208	228	1/8	239			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

	Yield gal/min	Drawdown	Drill stem at	Time
	25	0	-228	1 hr.
Pump	40	20'	set @ -206	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: \_\_\_\_\_

(10) STATIC WATER LEVEL:

155 ft. below land surface. Date 11-18-91  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 188

From	To	Estimated Flow Rate	SWL
188	228	25+	155

(12) WELL LOG:

Material	From	To	SWL
Sandy Loam Top Soil	0	2	
Hard Black Lava	2	23	
Fractured Brown Lava	23	43	
Hard Gray Lava	43	51	
Broken Brown Lava	51	54	
Hard Gray Lava	54	86	
Fractured Gray Lava	86	93	
Hard Gray Lava	93	122	
Broken Gray Lava	122	129	
Fractured Gray Lava	129	143	
Broken Gray Lava	143	146	
Hard Gray Lava	146	158	
Broken Gray Lava	158	180	
Hard Black Basalt	180	188	
Red Cinder	188	218	155
Broken Brown Lava	218	228	
Hard Gray Lava	228	230	

Date started 11-14-91 Completed 11-19-91

(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.

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

WWC Number 685  
Signed \_\_\_\_\_ Date 11-20-91

**For Official Use Only by The Oregon Water Resources Department:**

Received Date:

1-8-04

County Well Log ID #

Desc 1119

Well Identification Tag #

L-69232

**WELL IDENTIFICATION APPLICATION FORM**

INSTRUCTIONS ARE IN THE ACCOMPANYING "DEAR LANDOWNER" LETTER. FOR SHARED WELLS PLEASE SEE THE 3RD PARAGRAPH FROM THE TOP IN THE LETTER.

Your ID Tag will be mailed out in approximately 10 days from the date we receive your application.)

**\*\* LANDOWNER** (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here.)

Landowner: Tom Browning Other party to mail tag to (realtor, etc.): Ponderosa Prop Frank Dailey

Mailing Address: PO Box 2193 Address: PO Box 1779

City: Sisters State: OR Zip: 97759 City, State, Zip: Sisters, OR 97759

**\*\*WELL LOCATION:**

County: Deschutes Well # 556-91-33 (if multiple wells exist on same property ie: well #1, #2, etc.)

Township: 14 North of South (circle one) Range: 10 East or West (circle one) Section: 34 NW 1/4 NW 1/4 (if known)

Tax Lot #: 1600 Type of Well: water supply? domestic monitoring? \_\_\_\_\_  
(Not the same as the tax acct. #) (Ex: domestic or irrigation use) (Ex: monitoring water for contaminants)

Address of Well: 16052 Foothill Lane Sisters OR 97759  
(Number) (Street) (City) (Zip)

(Optional) Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: X  
(If unknown you may want to contact the Water Rights Group at 503-986-0945 for research)

If Yes: Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

(Optional): Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (May sometimes be obtained from Well Log Report)

**\*\*WELL INFORMATION:** (Important note: If attaching a well log you obtained from our web-site please be certain that you have the correct log. Simply matching the tax lot number isn't enough. See attached instructions for assistance. If a well report is not available please complete as much of the following as possible, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowner names can be obtained from the County Assessor - see instructions.)

Start Card # from well log report if known: 32632 Approx. Well Construction Date: 11-18-91

Well Constructor if known: \_\_\_\_\_

Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed - contact your county assessor for list)

Mr. + Mrs. Glen R. Lowe

Well Depth (in feet): 228' Static Water Level (in feet): 155' Diameter of Exposed Well Casing (in inches): 8"

Please Return Completed Form to: Well ID Program, Oregon Water Resources Department  
725 Summer St. NE, Suite A, Salem, OR 97301-1271, or fax to 503-986-0902

(App12-03)

Cheryl Lutton  
P.O. Box 1779  
Sisters, OR 97759