

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

DESC 1410

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145/10E/336c

JUL 31 1992

(START CARD) # 42450 labeled

(1) **OWNER:**
 Name Jeff Wester
 Address 69400 Crooked Horsehoe
 City Sisters State Ore Zip 97759

(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 110 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	65	cement	65	0	81 sacks
8"	65	100				
6"	100	110				

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: 6"	+1	102	.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 _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
none						<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
30 +		110	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: _____

LOCATION OF WELL by legal description:
 Township 14 S N or S. Range 10 E E or W. WM.
 Section 33 SW 1/4 NW 1/4
 Tax Lot 2800 Lot 13 Block 6 Subdivision _____
 Street Address of Well (or nearest address) _____
69400 Crooked Horsehoe Sisters, Ore

(10) **STATIC WATER LEVEL:**
65 ft. below land surface. Date 6-30-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 67

From	To	Estimated Flow Rate	SWL
67	110		65

(12) **WELL LOG:**
 Ground elevation _____

Material	From	To	SWL
orn soil	0	3	
gray sand med gravel	3	34	
orn sand gravel	34	55	
lt gray congl	55	67	
orn congl (WB)	67	84	
med gravel (WB)	84	96	
crse gravel cobbles (WB)	96	110	

Date started 6-29-92 Completed 6-30-92

(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.
 Signed John F. Johnson WWC Number 1317
 Date 6-30-92

(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.
 Signed John F. Johnson WWC Number 595
 Date 6-30-92



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D Number or if you do not own the property where the well is located.

I. OWNER INFORMATION

Current Owner Name (please print): RANDY AND LAURA SHEPARD
 Mailing Address: P.O. Box 1106
 City, State, Zip: SISTERS, OR. 97759
 Mailing Address (to send Well I.D.): P.O. Box 1106
 City, State, Zip: SISTERS, OR. 97759

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SALEM, OREGON

II. WELL INFORMATION

Township: 145 (North/South) Range: 10 (East/West) Section: 33
 Tax Lot: 2800 County DESCHUTES SW 1/4 NW 1/4
 Lot: 13 Block: 6 Subdivision: INDIAN FORD MEADOWS
 Street Address of Well, City, State: 6940 CROOKED HORSESHOE RD., SISTERS, OR. 97759
 Owner at time the well was constructed, (if known): JEFF WESTER
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Type of Well (domestic, irrigation, commercial, industrial, monitoring, etc.): _____
 Date Well Constructed: _____ Well Depth: _____ Casing Diameter: _____
 Other Information: _____

SUBMITTED BY (please print): LAURA SHEPARD
 PHONE: (541) 549 8897 FAX: _____

Send application to Oregon Water Resources Department; 725 Summer Street NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Tuesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date: _____ Well Log Number: DESC 1410 Well Identification Tag #: 92220