

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

**DESC DES RECEIVED**  
 1417  
 AUG - 5 1992

15S/11E/29cd  
 (START CARD) # 45155

(1) OWNER: **WATER RESOURCES**  
 Name Gordan Rowat Well Number \_\_\_\_\_  
 Address P.O. Box 1321 SALEM, OREGON  
 City Sisters State OR Zip 97759

(9) LOCATION OF WELL by legal description:  
 County Desch Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 15 N or S. Range 11 E or W. WM.  
 Section 29 SE  $\frac{1}{4}$  SW  $\frac{1}{4}$   
 Tax Lot 1401 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 17729 Cascade Estates

(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 300 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

Diameter	HOLE		Material	SEAL		Amount sacks or pounds
	From	To		From	To	
12	0	18 1/2	Bentonite	0	18 1/2	10 Sack
8	18 1/2	300				

How was seal placed: Method  A  B  C  D  E  
 Other Poured in Dry

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	1 1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6	0	300	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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
280	300	1/8x3	228	6		<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
15	0	295	1 hr.

Temperature of Water 53 Depth Artesian Flow Found \_\_\_\_\_  
 Was a water analysis done?  Yes  No 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:  
252 ft. below land surface. Date 7-24-92  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found 270

From	To	Estimated Flow Rate	SWL
270	300	15	252

(12) WELL LOG:  
 Ground elevation \_\_\_\_\_

Material	From	To	SWL
Top Soil	0	3	
Hard Br. Basalt	3	36	
Hard Gray Basalt	36	65	
Br. Conglm.	65	71	
Hard Gray Basalt	71	81	
mild brown Basalt	81	98	
Red Sand Stone	98	109	
Br. Conglom.	109	125	
Hard Gray Basalt	125	135	
broken lava & Cinders	135	170	
broken lava	170	184	
Hard Gray Basalt	184	190	
Crevasse	190	196	
Hard Gray Basalt	196	201	
Conglom.	201	239	
Hard Basalt	239	270	
(w.B.) Cinders	270	30	

Date started 7-21-92 Completed 7-24-92

(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 [Signature] WWC Number 1276  
 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.

Signed [Signature] WWC Number 1255  
 Date \_\_\_\_\_



**Oregon Water Resources Department**  
725 Summer Street NE, Suite A  
Salem Oregon 97301  
(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.*

### I. OWNER INFORMATION

Current Owner Name (please print): Barbara & Terry Dundon  
Mailing Address: P.O. Box 1945  
City: Sisters State: OR Zip: 97759  
Mailing Address (to send Well I.D.): P.O. Box 1945  
City: Sisters State: OR Zip: 97759

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

Township: \_\_\_\_\_ (North/South) Range: \_\_\_\_\_ (East/West) Section: \_\_\_\_\_  
Tax Lot: \_\_\_\_\_ County: \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4  
Street Address of Well: \_\_\_\_\_ City: \_\_\_\_\_  
Owner at time the well was constructed, (if known): \_\_\_\_\_  
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)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): \_\_\_\_\_  
Date Well Constructed: \_\_\_\_\_ Total Well Depth: \_\_\_\_\_ Casing Diameter: \_\_\_\_\_  
Other Information: \_\_\_\_\_

SUBMITTED BY (please print): Barbara & Terry Dundon  
PHONE: (541) 322-0277 FAX: (541) 322-0279

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

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: <u>2/25/09</u>	Well Log Number: <u>DESC 1417</u>	Well Identification #: <u>99887</u>