

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

NOV 5 1987

DESC 1839

14s/10E-2/ba
 Perm G-11055

WATER RESOURCES DEPT.

(1) OWNER: **Judy Knapp**
 Name Judy Knapp
 Address P.O. Box 1270
 City Sisters State OR 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 300 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12"	0 38'	cement	0 38'	15 sks	
8"	0 300'				

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	-38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	0	300		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) none

(7) PERFORATIONS/SCREENS:
 Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
260	300	1x4	40			<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 12 Drawdown 4' Drill stem at _____ Time 1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? no Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other surface
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County Deschutes Latitude _____ Longitude _____
 Township 14S Nor S, Range 10E E or W, WM.
 Section 21 NE 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Indian Ford Road
Sisters Or. 97759

(10) STATIC WATER LEVEL:
242 ft. below land surface. Date 10/22/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	32	sealed off	
268	300		

(12) WELL LOG: Ground elevation 3000'

Material	From	To	SWL
topsoil	0	3	
gray hard rock	3	28	
black sand (WB)	28	32	
gray hard rock	32	57	
br. course congl.-boulders	57	182	
white course pumice	182	246	
brown course conglomerate	246	268	
black course sand & gravelWB	268	300	242

Date started 10/6/87 Completed 10/22/87

(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 570
 Signed [Signature] Date 11/3/87