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145/10E/24bc

DESC 198 OCT 26 1990

#11 STATE OF OREGON

WATER WELL REPORT (as required by ORS 537.785)

WATER RESOURCES DEPT (START CARD) # 21649

Desc 198

(1) OWNER: Name Emil "Bob" R. Buchser Address P.O. Box 1899 City Sisters State Oregon Zip 97759

(2) TYPE OF WORK: [X] New Well [] Deepen [] Recondition [] Abandon

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Other

(4) PROPOSED USE: [X] Domestic [] Community [] Industrial [] Irrigation [] Thermal [] Injection [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 649 ft. Explosives used [] [X] Type Amount

Table with columns: Diameter, From, To, Material, From, To, Amount sacks or pounds. Includes entries for 12" and 8" diameters with bentonite seal.

How was seal placed: Method [] A [] B [X] C [] D [] E Backfill placed from ft. to ft. Material Gravel placed from ft. to ft. Size of gravel

(6) CASING/LINER: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Includes entries for 8" casing and 6" liner.

Final location of shoe(s)

(7) PERFORATIONS/SCREENS: [X] Perforations Method Machine [] Screens Type Material

Table with columns: From, To, Slot size, Number, Diameter, Tele/pipe size, Casing, Liner. Includes entry for 604-644 ft with 1/8 slot size.

(8) WELL TESTS: Minimum testing time is 1 hour [] Pump [] Bailer [X] Air [] Flowing Artesian Yield gal/min Drawdown Drill stem at Time

Temperature of water 58° 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:

Well Number 518-90-33 (9) LOCATION OF WELL by legal description:

County Deschutes Latitude Longitude Township 14 Nor S, Range 10 E or W, WM. Section 24B SW 1/4 NW 1/4 Tax Lot 700 Lot 22 Block Unit 1 Subdivision Street Address of Well (or nearest address) Cascade Woods 16880 Wilt Road, Sisters, Oregon

(10) STATIC WATER LEVEL: 558 ft. below land surface. Date 10-22-90 Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL. Includes entry for 558-649 ft with 15+ flow rate.

(12) WELL LOG: Table with columns: Material, From, To, SWL. Includes entries for Sandy Loam Top Soil, Boulder Congl., Gray Lava, No return, Hard Gray Basalt, Fractured Red Rock, Hard Gray Lava, Red Cinder Congl., Gray Lava, Hard Gray Basalt, Gray Lava, Coarse Red Cinder Congl., Brown Sandstone Congl., Red Cinder Congl., Red Cinder.

Date started 10-5-90 Completed 10-23-90

(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 10-24-90

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WELL IDENTIFICATION FORM

Owner's Well Number: _____

SEP 27 1999 CURRENT WELL OWNER:

Phone 549-1144 ext. 8400

WATER RESOURCES DEPT SALEM, OREGON

Eric Weber & Blake Weber

Mailing Address: 16035 Foxridge Circle

City: Sisters State: Oregon Zip: 97759

WELL LOCATION:

DESC 198

County: Deschutes Latitude: _____ Longitude: _____

Township: 14 N or S, Range: 10 E or W Section: 24B SW 1/4 NW 1/4

Tax Lot Number: 700

Street Address of Well (if different from above): 16880 Wilt Road, Sisters, OR.

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department 158 12th Street NE Salem, OR 97310

(Office use only)

Well Identification Number: 36577