

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

DESCR 2981

DESCR 2981 1990
 WATER RESOURCES DEPT.
 SALEM, OREGON

15s/10e/4 66

(1) **OWNER:** Owner's Well Number:
 Name SAM SAMUELS
 Address INDIAN FORD MEADOWS
 City SISTAR State OR Zip 97157

(2) **TYPE OF WORK:** Drusty Dist Rd.
 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:**
 Depth of Completed Well _____ ft.
 Special Standards date of approval _____

| HOLE | | SEAL | | Amount sacks or pounds |
|----------|---------|----------|---------|---------------------------|
| Diameter | From To | Material | From To | |
| 8 | 0 20 | Cement | 0 20 | 8 sacks |
| | 20 80 | | | |

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 |
|---------|----------|---------|-------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2 1/2 | 11 29 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Liner: _____

Final location of shoe(s) _____

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

| From | To | Slot size | Number | Diameter | Tele/pipe size | Casing | Liner |
|-------|-------|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 5 7/8 | 7 7/8 | 1/2 | 240 | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

(8) **WELL TESTS: Minimum testing time is 1 hour**
 Pump Bailer Air Flowing Artesian
 Yield gal/min 75 Pumping level 27 ft. Drill stem at _____ Time 1/2 hr
 _____ 1 hr

Temperature of water 49 _____ 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: _____

(9) **LOCATION OF WELL by legal description:**
 County Deschutes Latitude _____ Longitude _____
 Township 15S N or S, Range 10E E or W, WM.
 Section 4 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) INDIAN FORD MEADOWS

(10) **STATIC WATER LEVEL:**
27 ft. below land surface. Date 7-18-84
 Artesian pressure _____ lb. per square inch. Date _____

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

| Material | From | To | WB? | SWL |
|----------------------|------|----|-----|-----|
| CLAY & CONG. SAND | 0 | 12 | | |
| CLAY & CONG. - BRKND | 12 | 60 | | 27 |
| CONG. SAND | 60 | 79 | | |

Date started 7-17-84 Completed 7-24-84

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed B. Gordon Davidson Date 3-10-86
 Company DAVIDSON-Smith Co. Job No. _____

49235

DESC 2981
WELL IDENTIFICATION FORM

49235

Owner's Well Number: 1

CURRENT WELL OWNER: Desc 2981 Phone: 541-549-2211

Name: Eugene H. Miller

Mailing Address: PO Box 1347

City: Sisters State: OR Zip: 97759

WELL LOCATION:

County: Deschutes Latitude: _____ Longitude: _____

Township: 15 ~~N~~ or S, Range: 10 E or ~~W~~ Section: 4 _____ 1/4 _____ 1/4

Tax Lot Number: 307

Street Address of Well (if different from above): 15676 Trapper Point Road, Sisters

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)

RECEIVED

JUN 18 2001

WATER RESOURCES DEPT
SALEM, OREGON