

NOTICE TO WATER WELL CONTRACTOR
The original and first copy of this report
are to be filed with the

WATER WELL REPORT

DESC
3224

WATER RESOURCES DEPARTMENT
SALEM, OREGON 97310
within 30 days from the date
of well completion.

RECEIVED

STATE OF OREGON
(Please type or print)

State Well No. 15S/11E-5ac
State Permit No. _____

SEP 26 1977 Do not write above this line

(1) OWNER: WATER RESOURCES DEPT.
SALEM, OREGON
Name Don Johnson
Address 69019 Holmes Rd. Star Rt Redmond, Ore

(10) LOCATION OF WELL:
County Deschutes Driller's well number _____
SW 1/4 NE 1/4 Section 5 T. 15S R. 11E W.M.
Bearing and distance from section or subdivision corner
1145' N & 1620' W of E 1/4 corner Sec 5

(2) TYPE OF WORK (check):
New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL: Rotary Cable Dug Driven Jetted Bored
(4) PROPOSED USE (check): Domestic Industrial Municipal Irrigation Test Well Other

(11) WATER LEVEL: Completed well.
Depth at which water was first found 360 ft.
Static level 360 ft. below land surface. Date 9/7/77
Artesian pressure _____ lbs. per square inch. Date _____

(6) CASING INSTALLED: Threaded Welded
8" Diam. from + 1 1/2 ft. to 19 1/2 ft. Gage .250
6" Diam. from 2 ft. to 400 ft. Gage .188
" Diam. from _____ ft. to _____ ft. Gage _____

(12) WELL LOG: Diameter of well below casing 0
Depth drilled 400 ft. Depth of completed well 400 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
sandy soil & bldrs	0	3	
tan clay congl fine	3	13	
brn rock	13	15	
brn SS congl fine	15	55	
med gravel	55	59	
brn SS congl fine	59	118	
brn SS congl med	118	141	
brn rock	141	147	
brn congl	147	178	
med gravel	178	190	
redish grey rock	190	214	
brn rock	214	224	
brn SS congl	224	230	
grey rock	230	277	
red congl	277	284	
grey rock	284	302	
tan clay congl	302	319	
grey rock	319	338	360
brn congl	338	359	
crs sand & gravel	359	400	

(7) PERFORATIONS: Perforated? Yes No.
Type of perforator used machine
Size of perforations 1/8 in. by 3 in.
456 perforations from 360 ft. to 400 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

Work started 9/3 1977 Completed 9/7 1977
Date well drilling machine moved off of well 9/7 1977

(7) SCREENS: Well screen installed? Yes No
Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Drilling Machine Operator's Certification:
This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] John V. Johnson Date 9/17, 1977.
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1039

(8) WELL TESTS: Drawdown is amount water level is lowered below static level
Was a pump test made? Yes No If yes, by whom?
Well: _____ gal./min. with _____ ft. drawdown after _____ hrs.
" _____ " " " " "
" Air lifting 15 GPM " " " " "
Baller test _____ gal./min. with _____ ft. drawdown after _____ hrs.
Artesian flow _____ g.p.m.
Temperature of water 56 Depth artesian flow encountered _____ ft.

Water Well Contractor's Certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Johnson Well Drilling
(Person, firm or corporation) (Type or print)
Address 3626 NW Coyner Redmond, Ore
[Signed] John V. Johnson
(Water Well Contractor)
Contractor's License No. 595 Date 9/17, 1977

(9) CONSTRUCTION:
Well seal—Material used cement
Well sealed from land surface to 19 1/2 ft.
Diameter of well bore to bottom of seal 12 in.
Diameter of well bore below seal 8 in.
Number of sacks of cement used in well seal 7 sacks
How was cement grout placed? poured

Was a drive shoe used? Yes No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? Yes No
Type of water? _____ depth of strata _____
Method of sealing strata off _____
Was well gravel packed? Yes No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

RECEIVED

For Official Use Only by The Oregon Water Resources Department:

Received Date: OCT 30 2003

County Well Log ID #

Well Identification Tag #

DESC 3224

L-68488

WATER RESOURCES DEPT. SALEM, OREGON

WELL IDENTIFICATION APPLICATION FORM

INSTRUCTIONS ARE IN THE LETTER ON THE REVERSE SIDE OF THIS APPLICATION. FOR SHARED WELLS PLEASE SEE THE 2ND PARAGRAPH FROM THE TOP ON THE LETTER

BUYER OR CURRENT LANDOWNER (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here. Tag will be mailed out in approximately 10 days)

Name: Tommy Fleniken

MAIL TAG TO:

Janet Breyer Prudential High Desert Realt 244 NE Franklin Avenue, Sr Bend, Oregon 97701

Mailing Address: 69019 Holmes Rd.

City: Sisters State: OR Zip: 97759 Phone: ()

WELL LOCATION:

County: Desch Well # 153/11E-525 (if multiple wells exist on same property-ie: well #1, #2, etc.)

Township: 15 North or South Range: 11 East or West Section: 05 1/4 1/4 (circle one) (circle one) (If known)

Tax Lot #: 103 Type of Well: water supply? monitoring? (not the county's tax acct. #) (Ex: domestic or irrigation use) (Ex: monitoring groundwater for contaminants)

Address of Well: Same as above (Number) (Street) (City)

(Optional): Does this well have a formal water right associated with it? Yes: No: (If unknown you may want to contact the Water Rights Group at 503-378-3739 extension 201 for research)

If Yes: Application #: Permit #: Certificate #:

(Optional): Latitude Longitude (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (If available, attach copy of driller's well report. If report is not available please complete as much of the following as possible. at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners... instructions.)

Start Card #:

Well Constructor:

Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed)

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

Diameter of Exposed Well Casing (in inches):

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department 158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130 (App-July03) 986-0902