

RECEIVED

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

DESC
50481

AUG 29 1996

(START CARD) # 89014

Instructions for completing this report are on the last page of this form.

(1) OWNER:

Name Hap Taylor & Sons
Address PO Box 83
City Bend State OR Zip 97006

Well Number L04582

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:

☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval ☐ Yes ☒ No Depth of Completed Well 401 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
20	0	30	Cement	0	30	3 yds
13	30	401				

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:	14	+1	30	315	☒	☐	☒	☐
	10	+2	401	250	☒	☐	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) 401

(7) PERFORATIONS/SCREENS:

	From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
☒ Perforations	380	350	1/4 x 15	300	10		☒	☐
☐ Screens	380	400					☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour

☒ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
300		370	1 hr.
500			

Temperature of water 54 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 9E E or W. WM.
Section 3 SW 1/4 NW 1/4

Tax Lot unknown Block _____ Subdivision _____

Street Address of Well (or nearest address) 5 mi west of Sisters off old McKemie Pass Hwy

(10) STATIC WATER LEVEL:

99' 7 1/2" ft. below land surface. Date 8/6/96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 125'

From	To	Estimated Flow Rate	SWL
125	400	500	99' 7 1/2"

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	1	
Gravel	1	24	
Brkn Rock gray's brn	24	56	
Basalt gray hrd some frac	56	74	
Brkn Red lava	74	102	
Basalt very brkn	102	131	
multi color conglomerate	131	175	
Lava Red brkn	175	186	
Basalt gray hrd	186	243	
Basalt gray med soft	243	274	
Red Cinders	274	298	
Basalt gray hrd	298	305	
Basalt gray med	305	317	
Basalt gray hrd	317	323	
Basalt gray softer with hrd	323	349	
Basalt hrd brn & red	349	365	
Lava Lavender	365	380	
Cinders Red	380	400	
Basalt Gray			

Date started 7/8/96 Completed 8/6/96

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Dym B. Hapley WWC Number 1358 Date 8-26-96

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Dym B. Hapley WWC Number 1358 Date 8-26-96