

WELL I.D.# L09535

STATE OF OREGON 50736
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

(START CARD) # 94015

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

(1) OWNER: Mr. Ken Toline Well Number _____

Name Mr. Ken Toline
Address 17427 Forked Horn Rd.
City Sisters, Ore. 97759 Zip 97559

(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 330 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
19"	0	18'	Bentonite	0	18'	16sks
8"	-18'	330'				

How was seal placed: Method A B C D E
 Other poured
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	19'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	-9'	329'	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
-309'	329'	1/8x3/8	236		6"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30+			1 hr.

Temperature of water 52 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 11E E or W. WM.
Section 19 NW 1/4 NE 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address)
17427 Forked Horn Rd Sisters, Ore

(10) STATIC WATER LEVEL:
255 ft. below land surface. Date 2-20-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 270'

From	To	Estimated Flow Rate	SWL
255'	330'	30+	255'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
brkn rock & bldrs	0	8'	
brkn lava	8'	12'	
brkn lava-brwn clay	12'	29'	
red cinders	29'	35'	
fract gray lava	35'	46'	
red cinders congl-brwn clay	46'	110'	
fract gray lava	110'	114'	
brwn brkn congl-brwn clay	114'	131'	
brwn s.s.	131'	140'	
red cinders	140'	160'	
brwn s.s. congl	160'	270'	255'
brkn gray lava w.b.	270'	312'	
red cinders congl	312'	330'	

RECEIVED

FEB 28 1997

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 2-19-97 Completed 2-21-97

(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.
WVC 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WVC Number 1658
Signed [Signature] Date 2-25-97