

DESC 50981

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JUL - 9 1997

LC 9892

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

WATER RESOURCES DEPT. (START CARD) # 98326

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

SALEM, OREGON

(1) OWNER: Well Number _____
Name Allen Heath
Address P.O. Box 1082
City Sisters State OR. Zip 97759

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

HOLE		SEAL				
Diameter	From To	Material	From To	Sacks or pounds		
12	0 18 1/2	Bentonite	0 18 1/2	11		
8	18 1/2 315					

How was seal placed: Method A B C D E
 Other Poured in dry
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	1 1/2	18 1/2	1.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100+	0	305	1 hr

Pump Bailer Air Flowing Artesian

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 15 N or S Range 11 E or W. WM.
Section 29 SE 1/4 SW 1/4
Tax Lot 0001493 Block _____ Subdivision _____
Street Address of Well (or nearest address) 17729 Cascade Est Dr. Sisters, Ore. 97759

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

(11) WATER BEARING ZONES:
Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Lava	1	27	
Broken Lava	27	34	
Red cinder	34	39	
Lava	39	161	
Crevice & soft casing	61	182	
Lava	182	204	
Red cinders congl.	204	252	
W.B. Red cinders	252		

Date started 7-2-97 Completed _____

(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 Helper Jeff Randalak WWC Number _____ 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.
Signed Doug Helm WWC Number 12-55 Date 7

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(1) OWNER: Well Number _____
 Name Allen Heath
 Address P.O. Box 1082
 City Sisters Ore. State Ore. Zip 97759

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	18 1/2	Bentonite	0	18 1/2	11
8	18 1/2	315				

How was seal placed: Method A B C D E
 Other Paired in Dry
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 8	+1 1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
				<u>NONE</u>		<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
100+	0	305	(1hr)

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 15 N or S Range 11 E or W. WM.
 Section 29 SE 1/4 SW 1/4
 Tax Lot 00 01401 of _____ Block _____ Subdivision _____
 Serial # 197789
 Street Address of Well (or nearest address) 177729 Cascade Est.
Dr. Sisters Ore. 97759

(10) STATIC WATER LEVEL:
256 ft. below land surface. Date 7-4-97
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 264

From	To	Estimated Flow Rate	SWL
264	315	100+	256

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Lava	1	27	
Broken Lava	27	34	
Red Cinders	34	39	
Lava	39	161	
Crevices & soft caveing	161	182	
Lava	182	204	
Red Cinders Congl.	204	252	
Brown sandstone	252	264	
W.B. Red Cinders	264	315	

Date started 7-2-97 Completed 7-4-97

(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.
 Helper
 Signed Jeff Randall WWC Number _____ Date 7-4-97

(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 Doug Allen WWC Number 1255 Date 7-4-97