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STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 29205
START CARD # 114509

(1) OWNER: Well Number _____
Name John Bryan
Address P.O. Box 12067
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 620 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks	pounds
12	0 18 1/2	Bentonite	0 18 1/2	10	
8	18 1/2 620				

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 _____

Diameter	From	To	Gauge	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: 6	-10	620	188	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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
580	620	1/2 x 3/8	360	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
Yield gal/min 40 Drawdown 0 Drill stem at 615 Time 1 hr

Temperature of water 50° 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 14 N or S Range 11 W or W. WM.
Section (11.3) SW 1/4 NW 1/4
Tax Lot 105 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 70955 Holms Rd Sisters, OR, 97759

(10) STATIC WATER LEVEL:
343 ft. below land surface. Date 10-20-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 352

From	To	Estimated Flow Rate	SWL
352	410	8	343
410	422	12	343
422	541	20	343
541	580	26	343
580	620	40	343

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown sand stone	2	297	
Lava	297	352	343
W.B. Red sand stone	352	410	
W.B. Brecken Lava	410	422	
W.B. Brown sand stone	422	541	
W.B. Brecken Lava	541	580	
W.B. Red Cinders	580	620	

Date started 10-16-98 Completed 10-20-98

(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 Randal WWC Number _____ Date 10-27-98

(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 Selim WWC Number 1255 Date 10-27-98