

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

Desc
 52108

WELL ID # **L30437**
 (START CARD) # **102046**

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

(1) OWNER: Well Number: #2

Name Keeton, Kallberg, Jacobson
 Address 68428 Cloverdale Rd.
 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 475 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount	
Diameter	From	To	Material	From	To	sacks or pounds	
12"	0	294	Cement Grout	0	294	98 sacks	
8"	294	475					

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:	8"	+2	294	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	6"	-282	475	.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
435	475	3/16"	480	6"	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min 300 Drawdown 5' Drill stem at 430 Time 1 hr.

Temperature of Water 55 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: 175

(9) LOCATION OF WELL by legal description:

County Deschutes Latitude _____ Longitude _____
 Township 14S N or S. Range 10E E or W. of WM.
 Section 35 NW 1/4 NW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____
Camp Polk Rd., Sisters, OR

(10) STATIC WATER LEVEL:

175 ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 175

From	To	Estimated Flow Rate	SWL
175	286	50+	175
365	475	600+	175

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil & Boulders	0	2	
Gray Basalt	2	33	
Brown Lava Rock	33	55	
Red Cinder Rock	55	155	
Purple Cinder Rock	155	175	
Brown Cinders & Basalt WB	175	195	175
Brown Lava Rock WB	195	228	175
Brown Lava & Ash WB	228	248	175
Brown Lava Very Broken WB	248	261	175
Harder Brown Lava Rock WB	261	274	175
Broken Brown Basalt WB	274	286	175
Hard Brown & Gray Basalt	286	365	175
Broken Brown Lava WB	365	380	175
Hard Gray & Black lava WB	380	410	175
Brown Lava WB	410	430	175
Red Cinder Rock WB	430	446	175
Purple Cinder Rock WB	446	475	175

Date started 11/19/98 Completed 11/24/98

(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 my best knowledge and belief.

Signed _____ 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 Robert Buck WWC Number 1385
 Date 12/10/98
 Western Water Development Corporation