

STATE OF OREGON
WATER SUPPLY WELL REPORT

DESC
 52371

WELL ID # **30444**
 (START CARD) # **102047**

(as required by ORS 537.765)
 Instructions for completing this report are on the last page of this form

(1) OWNER: Well Number: 1
 Name **Conklins Guest House**
 Address **69013 Camp Polk 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 108 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	25	Cement	5	25	44 sks Cement
8"	25	135	Bentonite	0	5	8 sacks

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: 6"	+1	108	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **Factory Saw**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
68	108	3/16	480			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
85	.5		4 hr.

Temperature of Water 51 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 **10E** E or W. of WM.
 Section **4** SE $\frac{1}{4}$ NW $\frac{1}{4}$
 Tax Lot **101** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address)
69013 Camp Polk Rd., Sisters, OR

(10) STATIC WATER LEVEL:
54 ft. below land surface. Date **11/27/98**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60

From	To	Estimated Flow Rate	SWL
60	135	250+	54

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Bottom of hole sloughed back to 108'			
	0		
Sand & Boulders	0	17	
Brown Sand & Gravel	17	34	
Red Cinders	34	52	
Brown Sand & Gravel WB	52	119	54
Brown Conglomerate WB	119	135	54

RECEIVED

RECEIVED

MAY 17 1999

AUG 05 1999

WATER RESOURCES DEPT.
 SALEM, OREGON

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started **11/24/98** Completed **11/27/98**

(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.

WWC 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.

WWC Number **1385**
 Signed **Robert Buck** Date **5/13/99**
Western Water Development Corporation