

## WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(START CARD) # 136897

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

## (1) OWNER:

Well Number: #3

Name **Mr. Steve Keeton**  
 Address **69995 Camp Polk Rd.**  
 City **Sisters** State **OR** Zip **977**

## (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 **580** ft.  
 Explosives used  Yes  No Type Amount

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
18.5	0	20	Benonite	0	20	24 Sacks
12.25	20	580				

How was seal placed: Method  A  B  C  D  E Other **Poured 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:	14in	+1.5	20	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	10in	0	480	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	8in	480	580	.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  
 Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
420	480	3/16	2160	10in		<input type="checkbox"/>	<input checked="" type="checkbox"/>
480	560	3/16	1920	8in		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

 Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250	127	425	48 hr.

Temperature of Water **51** Depth Artesian Flow foundWas a water analysis done?  Yes By whomDid 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 **14S** N or S. Range **10E** E or W. of WM.  
 Section **35** 1/4 1/4  
 Tax lot **100** Lot Block Subdivision  
 Street Address of Well (or nearest address) **69995 Camp Polk Rd., Sisters, OR**

## (10) STATIC WATER LEVEL:

**225** ft. below land surface. Date **7/12/01**  
 Artesian pressure lb. per square inch. Date

## (11) WATER BEARING ZONES:

Depth at which water was first found **256**

From	To	Estimated Flow Rate	SWL
256	310	25+	225
387	414	50+	225
414	580	500+	225

## (12) WELL LOG:

Ground elevation

Material	From	To	SWL
Brown Sandy Soil & Basalt	0	1	
Broken Gray & Brown Rock	1	5	
Visicular Gray Basalt	5	39	
Gray Basalt & Brown Ash	39	63	
Brown Tufted Ash	63	97	
Red Tufted Ash	97	123	
Redish Bown Tufted Ash	123	166	
Hard Gray Basalt	166	256	
Brown Broken Lava WB	256	310	225
Hard Gray Basalt	310	387	225
Medium Gray Visicular Basalt WB	387	414	225
Red Cinders WB	414	452	225
Broken Brown Lava & Ash WB	452	464	225
Red & Black Cinders WB	464	490	225
Broken Brown Lava WB	490	540	225
Brown Lava & Tan Ash WB	540	580	225

RECEIVED

WESTERN WATER DEVELOPMENT

P.O. Box 1670

Redmond, OR 97756

SEP 19 2001

WATER RESOURCES DEPT.  
SALEM, OREGONDate started **7/2/01**Completed **7/12/01**

## (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 Buckner
WWC Number **1385**  
Date **9/11/01**