

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

WELL I.D. # L 49467
 START CARD # 142410

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

(1) LAND OWNER: Well Number _____
 Name Don Thomas
 Address 17265 Plainview Rd.
 City Bend State Ore. Zip 97701

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
14	0 18 1/2	Bentonite	0 18 1/2		12 sacks
10	18 1/2 360				

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: 10	+1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 8	+1	360	188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Machined
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
320	360	4x4	456	10		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
200+	0	355	1 hr

Temperature of water 49° Depth Artesian Flow Found _____
 Was a water analysis done? Yes No 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 16 N or S Range 11 E or W. WM.
 Section 4 NW 1/4 NW 1/4
 Tax Lot 803 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 18281 Snow Creek Rd. Sisters, Ore.

(10) STATIC WATER LEVEL:
260 ft. below land surface. Date 9-26-01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 329

From	To	Estimated Flow Rate	SWL
329	360	200+	260

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Top Soil	0	1	
Gray Lava	1	11	
Brown Sandstone	11	114	
Basalt	114	139	
Broken Lava	139	142	
Lava	142	150	
Brown Congl.	150	161	
Basalt	161	195	
Broken Lava	195	235	
Basalt	235	246	
Mild Brown Lava	246	251	
Basalt	251	329	
W.B. Red Cinders	329	347	
W. B. Red Lava	347	360	

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 OCT 03 2001
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9-24-01 Completed 9-26-01

(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 the best of my knowledge and belief.
 Signed _____ WWC Number 1276
 Date 9-26-01

(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 1255
 Date 9-26-01