

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 55349
START CARD # 147236

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

(1) LAND OWNER Tim Bailey Well Number _____
Name Tim Bailey
Address P.O. Box 721
City Sisters State Ore. 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 630
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL	
Diameter	From To	Material	From To Sacks or pounds
14	0 18 1/2	BENTONITE	18 1/2 14 SACKS
10	0 630		

How was seal placed: Method A B C D E
 Other Poured in Drx

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 1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 8	+1	630	18 1/2	<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
570	630	1/8 x 1/4	688	10 ID		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
300+	0	625	1 hr

Temperature of water 52 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 E or W. WM.
Section 02 NW 1/4 NW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Homes Rd. Sisters, Ore.

(10) STATIC WATER LEVEL:
380 ft. below land surface. Date 3-26-02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 385

From	To	Estimated Flow Rate	SWL
385	630		380

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Brown Sandstone	0	60	
Gray Lava	60	98	
Brown Sandstone	98	253	
Gray Lava	253	313	380
Brown Sandstone	313	385	
W.B. Brown Sandstone	385	630	

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APR 01 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-21-02 Completed 3-26-02

(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 [Signature] WWC Number 1276
Date 3-26-02

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment 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 Aiken WWC Number 1255
Date 3-26-02