DESC 55197 55197

WELL ID # L <u>49306</u> **START CARD** # 154992

(as required by ORS 537.765)	50					
(a) required by OKS 337.7037	(9) LOCA	TION OF WEI	L by legal descr	iption:		
Well Number: #2	County: D	hischutes Lat	itude: I			
Name: Sisters School District	Township:		nge: <u>10E</u>			_
Address: 220 South Pine Suite 202	Section: 5	NV	V 1/4	NW	1/4	
City: Sisters State: OR Zip: 97759	Tay Lot: N	N/A Lot: 10	03 Block:	Subdi	vision:	
	Street Add	ress of Well (or	nearest address)	_ 04041	, 131011	
(2) TYPE OF WORK: (repair/			Rd Sisters, OR			
New Well Deepening Alteration recondition) Abandonment						
(3) DRILL METHOD:		TIC WATER L		n	2 /2 0 /0	2
Rotary Air Rotary Mud Cable Auger		below land surf			3/20/0	<u>3</u>
Other:	Artesian p	ressure <u></u>	lb. per sq. in.	Date		
(4) PROPOSED USE:						
□ Domestic □ Community □ Industrial □ Irrigation		ER BEARING				
Thermal Injection Livestock Other		hich water was				
	Fron			low Rate		SWL
(5) BORE HOLE CONSTRUCTION:	65	67	25			41
Special Construction approval ☐Yes ☒No	78	83	30			41
Depth of Completed Well 305					1	
Explosives Used Yes No Type Amount	210	230	1000+			117
HOLE SEAL sacks or Diameter From To Material From To pounds	271	290	300+			117
	(12) WE	LL LOG:	Ground Ele	vation:		
16" 48' 118' Cement 0 118' 10 yds	` ′	Materia		From	To	SWL
12" 118' 231'	Soil Sand	dy Brown		0	l	
8" 231' 305'		some binder		1	6	
	Gravels 1	Gravels Brown Sand Gray			14	
How was seal placed: Method □A □B ☒C ☒D □E		Gravels Looses Brown		6	31	
Other		Red Gray Brown	1	31	40	+
Backfill placed from to Material		ard Fine Green	1	40	46	-
from to Material	Basalt Fr		-	46	65	
Gravel placed from to Size of gravel	Basalt Fr					1120
(6) CASING/LINER:				65	67	H2O
CASING:	Basalt H			67	78	1120
Diameter From To Gauge Steel Plastic Welded Threaded		Rubble Red		78	103	H2O
16" 0 48 .375 ☒ ☒ ☒	Basalt Fr			103	106	
12" +2 118 .250 🖂 🖂	l L	nice Cinder Rub	ble	106	196	
12" +2 118 .250 N	i	k Hard Broken		196	210	
		Loose Large		210	231	
LINER:	Cinder R	ted Gray		231	305	
10" -51 231 .250 🖂 🖂 🖂						
Final location of Chap(a).						
Final location of Shoe(s):			REC	EIVE	D	
(7) PERFORATIONS/SCREENS:						
Perforations Method: <u>Fact</u>	A	ECHIVE	MAY	2 2 200	33	1
Screen Type: Material:		5 B B B B D D D	102 	015.00		
Slot Tele/pipe		APK 11 2 ZI	103WATER RES	ODEC	DEPT	
151 231 1/8 1261 10" P		D DESCUIDOS	C DEP	, OREGO	N	
	WATE	R RESOURCE ALEM, OREG	ON DEPT		 	+
)/(5614),	<u> </u>			
					+	
	Date Starte	ed: 2/26/03	Con	npleted: 3	/20/02	
			tructor Certification	ipicicu. 3/	20/03	
(8) WELL TESTS: Minimum testing it	L cer	tify that the work	I performed on the	f.:	1	
(8) WELL TESTS: Minimum testing time is 1 hour ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesion	abandonme	nt of this well i∕∂id	compliance with (regon water	. alterati	on or
Viold gam. D. I	construction	standards. Mate	rials used and infor	negon wate mation reno	rted abov	well
1000	to the best o	f my knowledge a	and belief.	nation repo	nea abov	re are title
1000+ 250 1 hr.		Q//: -		WWC Nu	ımber 72	3
	Signed		<i></i>		Date 3/31.	_
Town	(bonded) W	ater Well Constru	ctor Certification:			
Temperature of water 49 Depth Artesian Flow Found	I acco	ept responsibility	for the construction	alteration.	or aband	onment
Was a water analysis done? By whom:	work perfori	med on this well d	luring the construct	ion dates rei	norted ab	ove All
Did any strata contain water not suitable for intended use? (explain)	work perfori	med during this til	me is in compliance	with Orego	n water c	cumply
· · ·	well constru	cnon standards. T	his report is true to	the best of	my know	ledge and
Depth of Strata:	ochel.			11711		$C^{\alpha \alpha}$
	Signed /			WWC N	umber 1	256
	~ 			Date	/ ///	ハレー

STATE OF OREGON

WATER SUPPLY WELL REPORT