

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

DESC 55842

WELL ID # 64885

(START CARD) # 157681

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

(1) OWNER: Well Number: **Brogan20**
 Name **Brooks Resources Inv Corp/William Smith Properties**
 Address **15 SW Colorado Ave., Suite A**
 City **Bend** State **OR** 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 **30** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount		
Diameter	From	To	Material	From	To	sacks or pounds		
12in	0	30	Bentonite	0	23	66 sacks		

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:	6in	+1.5	30	.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) **30**

(7) PERFORATIONS/SCREENS:

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
23	30	1/8	84			<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
40+	10	25	1 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 **Deshutes** Latitude _____ Longitude _____
 Township **15S** N or S. Range **10E** E or W. of WM. _____
 Section **15** **NE** 1/4 **NW** 1/4
 Tax lot **1401** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **68301 Hwy. 20, Sisters, OR 97759**

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date **9/19/03**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **12**

From	To	Estimated Flow Rate	SWL
12	30	40+	6

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandy Top Soil	0	2	
Cobbles, Sand, Gravels	2	6	
Sand & Gravels some large boulders WB	6	32	6

WESTERN WATER DEVELOPMENT
 P.O. Box 1670
 Redmond, OR 97756

RECEIVED

JAN 15 2004

WATER RESOURCES DEPARTMENT
 Date started **9/16/03** Completed **9/18/03** OREGON

(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 **9/18/03**