

STATE OF OREGON  
**Water Supply Well Report**

(as required by ORS 537.765)

DESC 56694  
**DESC 56694**  
 DESC

Received Date: **04-20-2005**

Well ID Tag # L **73256**

Start Card # **169992**

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

**(1) Owner** Well Number: \_\_\_\_\_  
 Name: **RON REMUND**  
 Street: **PO BOX 760**  
 City: **SISTERS** State: **OR** Zip Code: **97759**

**(2) Type of Work**  
 New  Alter (Recondition)  Alter (Repair)  
 Deepening  Abandonment

**(3) Drill Method**  
 Rotary Air  Rotary Mud  Cable  Auger  
 Other: \_\_\_\_\_

**(4) Proposed Use**  
 Domestic  Community  Industrial  Irrigation  Injection  
 Livestock  Thermal Other: \_\_\_\_\_

**(5) Bore Hole Construction**  
 Special Standards: Depth of completed well: **650.00** ft.  
 Explosives Used: Amount: \_\_\_\_\_ Type: \_\_\_\_\_  

Hole			Seal			
Diameter	From	To	Mtrl	From	To	Sacks/lbs
12.00	0.00	18.50	BC	0.00	18.50	11
8.00	18.50	650.00				

  
 How was seal placed? \_\_\_\_\_ Other: **POURED DRY**  
 Back fill placed from: \_\_\_\_\_ Material: \_\_\_\_\_  
 Filter pack from: \_\_\_\_\_ Size: \_\_\_\_\_

**(6) Casing / Liner**  

Casing/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
C	8.00	1.50	18.50	.250	S				
L	6.00	-10.00	650.00	.188	S	X			

**(7) Perforation / Screens**  
 Perforations:  

Mtrl	From	To	Width	Height	#Slots	Dia.	t/pSize	Casing/ Lnr	Method
S	630.00	650.00	0.13	3.00	216	6.00		L	MACHINE

  
 Screens:  

Mtrl	From	To	S Size	#Slots	Dia.	t/pSize	Type	Gauge

**(8) Well Tests** (Minimum testing time is one hour)  

Type	Yield	Units	Drawdown	Stem at	Duration
A	15.00	G		650.00	1.00

Temperature of Water: **52 F**  
 Was water analysis done?  Depth of artesian flow: \_\_\_\_\_  
 by whom? \_\_\_\_\_  
 Did any strata contain water unsuitable for use?  Too Little  Salty  
 Muddy  Odor  Colored other: \_\_\_\_\_  
 Depth of strata: \_\_\_\_\_

**(9) Location of Hole by legal description**  
 County: **DESC** Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_  
 Township: **14.00 S** Range: **11.00 E**  
 Section: **17 SWNW** Lot: \_\_\_\_\_ Block: \_\_\_\_\_  
 Tax Lot: **2018** Subdivision: \_\_\_\_\_  
 Street Address of Well (or nearest address):  
**17885 MNT VIEW RD SISTERS**  
 MAP, with location identified, must be attached.

**(10) Static Water Level**  
 Feet below land surface: **528.0** Date: **04 / 11 / 2005**  
 Artesian Pressure: \_\_\_\_\_ Date: \_\_\_\_\_

**(11) Water Bearing Zones**  
 Depth at which water was first found: **590.00** ft.  

From	To	est Flow	swl
590.00	650.00	15.00	528

**(12) Well Log** Ground Elevation: \_\_\_\_\_

Material	From	To	swl
SAND PUMICE	0.00	3.00	
SANDSTONE	3.00	12.00	
LAVA	12.00	38.00	
BASALT	38.00	53.00	
SANDSTONE	53.00	140.00	
CONGLOMERATE	140.00	442.00	
BASALT FRACTURED	442.00	465.00	
SANDSTONE	465.00	583.00	
CONGLOMERATE CINDERS	583.00	598.00	528
BASALT FRACTURED	598.00	650.00	528

Date Started: **04 / 07 / 2005** Date Completed: **04 / 11 / 2005**

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I perform on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.  
 Signed by: **ALLEN R PECK** WWC #: **1831**

**(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 well construction standards. This report is true to the best of my knowledge and belief.  
 Signed by: **JACK ABBAS** WWC #: **1720**  
**ABBAS WELL DRILLING CO** Phone: **541-548-2787**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

RECEIVED

FEB 19 2009

WATER RESOURCES DEPT
SALEM, OREGON

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Ron Remund
Mailing Address: PO Box 760
City: Sisters State: OR Zip: 97759
Mailing Address (to send Well I.D.):
City: State: Zip:

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 14 (North/South) Range: 11 (East/West) Section: 17
Tax Lot: 2018 County: Deschutes 1/4 1/4
Street Address of Well: 17885 Mt New Rd UNK City: Sisters
Owner at time the well was constructed, (if known): same
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Domestic
Date Well Constructed: 4/11/05 Total Well Depth: 650 Casing Diameter:
Other Information: This application is to replace lost well tag # 73256 Sherry Elliott
SUBMITTED BY (please print):
PHONE: 541 549 6261 FAX: same

VOID TAG 73256 REASSIGN TAG 99882.

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:
Received Date: Well Log Number: DESC 56694 Well Identification #: 99882