

WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

(START CARD) # 176133

(1) OWNER: Well Number: 1
 Name James F. Klemz
 Address 18137 Fadjur Lane
 City Sisters State OR 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 663 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12in	0	25	Bentonite	0	25	17sacks
8in	25	665				

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: 8in	+1	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6in	-3	663	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method Factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
613	663	1/8	480	6in	pipe	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50+	90	620	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 Deschutes Latitude _____ Longitude _____
 Township 14S N or S. Range 10E E or W. of W.M.
 Section 35 NE 1/4 NE 1/4
 Tax lot 105 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 70007 Camp Polk Rd., Sisters, OR 97759

(10) STATIC WATER LEVEL:
496 ft. below land surface. Date 7/2/05
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 500

From	To	Estimated Flow Rate	SWL
500	600	15-20	496
600	665	50+	496

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Top Soil	0	1	
Brown Fractured Rock & Soil	1	18	
Gray Basalt	18	46	
Red Cinder	46	68	
Brown Sandstone	68	290	
Black Sandstone	290	325	
Brown Sandstone	325	427	
Redish Conglomerate	427	500	
Red Cinder WB	500	515	496
Broken Gray Basalt WB	515	570	496
Red Cinder WB	570	593	496
Fractured Gray Basalt WB	593	600	496
Brown Sandstone & Pumice Lenses WB	600	665	496

Well bore sloughed in 2 ft. while installing 6" liner casing.

RECEIVED

JUL 07 2005

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6/27/05 Completed 7/2/05

(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 7/6/05