

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

DESO 8086 1991

14S/10E/33 ac

(START CARD) # 28509

DESO 808

(1) OWNER: Well Number: _____
 Name Jan Vanderberg
 Address P.O. Box 1537
 City Sisters State ore Zip 97759

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 82 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	18 1/2	Bentonite	0	18 1/2	16 Sacks
8	18 1/2	82				

How was seal placed: Method A B C D E
 Other Poured in 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:	8	+1 1/2	18 1/2	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	6	-5	82	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
42	82	1/8 x 3/32	512	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 15 Drawdown 0 Drill stem at _____ Time 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 Desch Latitude _____ Longitude _____
 Township 14 N or S, Range 10 E or W, WM.
 Section 33 SW 1/4 NE 1/4
 Tax Lot 1500 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Crooked Horse Rd

(10) STATIC WATER LEVEL:
48 ft. below land surface. Date 3-12-91
 Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
48	82		48

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sand & gravel	0	3	
Brown Sand Stone med. bra.	3	11	
Brown Clay Stone	11	48	
Dark Brown sand (w.B)	48	68	48
light Brown sand & gravel (w.B)	68	82	

Date started 3-12-91 Completed 3-12-91

(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 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed William D. Allen WWC Number 1255
 Date _____

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

Desc 808

47313

47313

WELL IDENTIFICATION APPLICATION FORM RECEIVED

BUYER/CURRENT WELL OWNER:

DEC 08 2000

Name: John & Brenda DeJong

WATER RESOURCES DEPT.
SALEM, OREGON

Mailing Address: 90 Mike Mansber CB Reed Bros. Realty P.O. Box 219

City: Sisters State: OR Zip: 97759 Phone: (541) 549-7117

WELL LOCATION:

County: Deschutes Owner's Well Number: _____

Township: 14 N or S Range: 10 E or W, Section: 33 1/4 1/4

Tax Lot Number: 1505 Type of Well: water supply monitoring

Street Address of Well (if different from above): 67500 Crooked Horseshoe, Sisters

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:

Roger Wright
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310