

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

Disc
9175

RECEIVED
 APR 11 1994
 WATER RESOURCES DEPT. (START CARD) # 62810
 SALEM, OREGON
 148/10e/28dd

(1) OWNER:

Name Dick & Sharon Mooney
 Address P.O. Box 915
 City Sisters State Or. Zip 97759

Well Number 650-10-94

(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 149 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12"	0 3	#8 gran. ben	0 3	3	sks
12"	3 38	Type 1&2 cem	3 38	47	sks
8	38 149				

How was seal placed: Method A B C D E
 Other _____

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	-39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-9	-149	.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 Machine
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
124	144	1/8x3	234			<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+	0	149	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 14 N or S, Range 10 E or W, WM.
 Section 28D SE 1/4 SE 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Camp Polk Rd. & Deer Ridge Rd., Sisters, Or.

(10) STATIC WATER LEVEL:

55 ft. below land surface. Date 4-5-94
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 55'

From	To	Estimated Flow Rate	SWL
55	110	20	55
110	130	20	55
140	149	20	55

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Sandy Loam, Gravel & cobbles	0	8	
Tan Clay conglomerate	8	25	
Medium brown sand & pumice	25	62	55
Brown sand & med. gravel	62	110	
Coarse gravel	110	130	
Med. Sand & gravel	130	140	
Coarse gravel	140	149	

Date started 4-1-94 Completed 4-5-94

(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 David J. Kuhn WWC Number 65728
 Date 4-6-94

(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 [Signature] WWC Number 685
 Date 4-6-94

For Official Use Only by The Oregon Water Resources Department:

Received Date:

County Well Log ID #

Well Identification Tag #

RECEIVED

Desc 9175

L-76625

MAR 15 2005

WELL IDENTIFICATION APPLICATION FORM

WATER RESOURCES DEPT SALEM, OREGON (please follow attached instructions) *****PLEASE SEE INSTRUCTIONS IF THIS IS A SHARED WELL*****

BUYER/CURRENT LANDOWNER (FOR PROPERTY WELL IS LOCATED ON):

Name: Sharon Mooney
Mailing Address: PO Box 915
City: Sisters State: OR Zip: 97759 Phone: (541) 549-0972

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified above.

WELL LOCATION:

County: Deschutes Well # 650-10-94
Township: 14 North or South Range: 10 East or West Section: 28
Tax Lot #: 102 Type of Well: water supply? monitoring?

Address of Well: 69615 Old Barn Court, Sisters OR

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

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

(Optional): Latitude Longitude (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (If available, attach copy of driller's well report. If report is not available please complete the following. at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor.)

Start Card #: Approx. Well Construction Date:

Well Constructor:

Name of Land Owner at Time of Construction (or list of prior landowners)

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

Diameter of Exposed Well Casing (in inches):

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department 158 12th Street NE - Salem OR 97301-4172 or fax to 503-378-8130

we've moved - please distribute new app enclosed Thank you!

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