

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

Desc
9413

DESC 9413

AUG 12 1994 OCT - 6 1994

(START CARD) # 51600

14S/11E/11

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

(1) OWNER: Well Number #1
Name John Bryan
Address 555 Bryant St #244
City Palo Alto State Ca Zip 94301

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	19	Bentonite	0	19	14
8"	19	404				

How was seal placed: Method A B C D E
 Other Poured down 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	-19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	-4	-404	18	<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 Perfect
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
324	404	3/16	960	6"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
40-50	50'	395	1 hr.
62	62		1 hr.

Temperature of water _____ 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:
Coordinates _____ Latitude _____ Longitude _____
Township 14S N or S Range 11E E or W. WM.
Section 10 11 1/4 _____ 1/4 _____
Tax Lot 105 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 71100 Holmes Rd Sisters 2-7-95

(10) STATIC WATER LEVEL:
310 ft. below land surface. Date 4/26/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 311

From	To	Estimated Flow Rate	SWL
311	342	15 GPM	
342	391	10-15 GPM	
391	404	30-40 GPM	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sandy Top Soil	0	3	
Tan Sandstone	3	41	
Brown Sandstone	41	87	
Red Sandstone	87	123	
Grey Sandstone	123	129	
Brown Sandstone	129	146	
Light Tan Sandstone	146	157	
Brown Basalt, some fract	157	194	
Brown Sandstone	194	241	
Brown Cong. Large Gravels	241	281	
Red Sandstone	281	311	
Brown Conglomerate W/B	311	342	
Grey Basalt W/layers			
Conglomerate W/B	342	391	
Red Cinders	391	404	

Date started 4/24/94 Completed 4/26/94

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
Signed Robert Buckner WWC Number 1385 Date 8-5-94

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed Robert Buckner WWC Number 1385 Date 8-5-94

DESC 9413

05/07/2004 11:12 FAX 5413189393

WINDERMERE REAL ESTATE

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DESC 9413

003/006

871248

For Official Use Only by The Oregon Water Resources Department:

Received Date:

County Well Log ID #

Well Identification Tag #

MAY 07 2004

DESC 9413

L 71248

WATER RESOURCES DEPT. SALEM, OREGON

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION (This well is well # 2 of 2 wells on the property)

Owner's Name: John Bryan

Mailing Address: PO Box 2067

City: Sisters State: OR Zip: 97759

Send Well Tag to (realtor or other party name & address): Susan Lester, R.E. Broker

WINDERMERE / C.O. R.E. 61510 S Hwy 97, Bend, OR 97702

WELL LOCATION INFORMATION

County: Deschutes Township: 14 North or South (circle one) Range: 11 East or West (circle one)

Section: 11 SW 1/4 NW 1/4 Tax Lot #: 125

Street Address of Well: The well log is not correct as to today's address of the home, note: it is 70955 Holmes Rd Sisters, OR 97759

WELL INFORMATION (Do not complete if well report is attached. Information on locating well reports is on reverse.) Previously 71100 Holmes

Type of Well (i.e. domestic, irrigation, etc): Both Date Well Constructed: 8594

Well Constructor/Company: See attached well log

Well Depth (in feet): Diameter of Well Casing (in inches):

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): John Bryan

Other Information: note 2nd well tag application