

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

DESC 0851 MAY 1 1995

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 72906

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

(1) OWNER:

Name Dona Smith Well Number _____

Address 15643 S. Foster Creek Lane
City Oregon City State Ore. Zip 97045

(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 267 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12"	0	57	Neat Cen.	35	57	1 yd.	
8"	57	267	Bentonite	0	35	30 Bags	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other Bentonite 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"	0	57	1.250	☒	☐	☒	☐
Liner:	6"	57	267	1.888	☒	☐	☒	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

		Method		Type		Material	
☒ Perforations		<u>Factory</u>					
☐ Screens							
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
247	267	1/8"	256	6"		☐	☒

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

☐ Pump	☒ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
30+	0		1 hr

Temperature of water 54° 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 15 N or S Range 10 E or W. WM.
Section 18 NE 1/4 NE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

174 ft. below land surface. Date 4-27-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 229

From	To	Estimated Flow Rate	SWL
229	267	30+	174

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Course SAND	1	51	
Lava	51	79	
Brown Congl.	79	118	
Lava	118	120	
Broken Lava	120	136	
Lava	136	152	
Crevess	152	154	
Soft	154	169	
Hard	169	229	
W.B. Soft	229	267	

Date started 4-26-95 Completed 4-27-95

(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 Jeff Randall WWC Number _____ Date 4-27-95

(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 Doug Selman WWC Number 1255 Date 4-27-95



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

DESC 9851

Application for Well ID Number

RECEIVED

DEC 16 2013

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): Christopher and Suzanne Carvin

Mailing Address: PO Box 2187

City, State, Zip: Sisters, OR 97759

Address to send Well I.D. Tag: PO Box 2187

City, State, Zip: Sisters, OR 97759

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

Township: 15 South (North/South) Range: 10 East (East/West) Section: 18

Tax Lot: 200 Map 15-10-18 County: Deschutes E 1/2, NE 1/4, NE 1/4 1/4 1/4

Street Address of Well, City: 68383 Edgington Road, Sisters, OR 97759

Owner at time the well was constructed, (if known): Dona Smith

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, Irrigation and exempt uses

Date Well Constructed: 4/26/1995 Total Well Depth: 267.0 Casing Diameter: 6"

Other Information: DESC 9851

SUBMITTED BY (please print): Suzanne Carvin

PHONE: 541.595.8707 or 818.216.8542

FAX: 541.549.6339 (please write attn: Suzanne Carvin)

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:

12-16-13

Well Log Number:

DESC 9851

Well

Identification #:

L-113085