

OCT - 2 1997

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WATER SUPPLY WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D.# 446363

(START CARD)# 104248

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

(1) OWNER:

Name: Hombro Ski Developers, Address: Box 20 Hwy 20, City: Sisters, State: OR, Zip: 97769

(2) TYPE OF WORK

New Well [X], Deepening [], Alteration [], Abandonment []

(3) DRILL METHOD:

Rotary Air [X], Rotary Mud [], Cable [], Auger [], Other []

(4) PROPOSED USE:

Domestic [], Community [], Industrial [X], Irrigation [], Thermal [], Injection [], Livestock [], Other []

(5) BORE HOLE CONSTRUCTION:

Special Construction approval: Yes [], No [X], Depth of Completed Well: 81 1/2 ft.

Table with columns: Diameter, From, To, Material, From, To, Sacks or pounds. Row 1: 13, 0, 139, Cement, 0, 139, 5yds. Row 2: 10, 139, 842.

How was seal placed: Method A [], B [], C [X], D [], E []

Backfill placed from: ft. to ft. Material: Gravel placed from: ft. to ft. Size of gravel:

(6) CASING/LINER:

Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s):

(7) PERFORATIONS/SCREENS:

Table with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner. Includes handwritten entries for Machine perforations.

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

Table with columns: Yield gal/min, Drawdown, Drill stem at, Time. Values: 200+, 840, 24 hr.

Temperature of water: 50, Depth Artesian Flow Found: Was a water analysis done? Did any strata contain water not suitable for intended use?

(9) LOCATION OF WELL by legal description:

County: Linn, Latitude, Longitude, Township: 133, N or S Range: 7.5E, E or W. WM, Section: 35, NE 1/4, NW 1/4, Tax Lot: 00100, Block, Subdivision, Street Address: Same as mailing

(10) STATIC WATER LEVEL:

537 ft. below land surface. Date: 9/15/97, Artesian pressure, lb. per square inch., Date:

(11) WATER BEARING ZONES:

Table with columns: From, To, Estimated Flow Rate, SWL. Row 1: 565, 800, 300+, 537.

(12) WELL LOG:

Table with columns: Material, From, To, SWL. Lists geological layers like Cobble & gravels, Cinder with brkn, Basalt red brn med, etc.

CONTINUED, Date started: 8/20/97, Completed: 9/21/97

(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.

(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.

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STATE OF OREGON
WATER RESOURCES DEPT.
WATER SUPPLY WELL PERMIT
(as required by ORS 538.006, OREGON)

WELL I.D.# L163103

(START CARD) # 104248

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

(1) OWNER: Well Number _____
Name Hoodoo Ski Developers
Address Box 20 Hwy 20
City Sisters State OR Zip 97139

(9) LOCATION OF WELL by legal description:
County Linn Latitude _____ Longitude _____
Township 13S N or S Range 7.5E E or W. WM.
Section 35 NE 1/4 NW 1/4
Tax Lot 00100 of _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same as mailing

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____ 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: _____

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Lava brn cong	680	705	
Andesite gray med-hrd	705	712	
Lava brn y red cong	712	740	
Andesite blk med-hrd	740	748	
Lava brn cong safe	748	751	
Andesite hard	751	765	
Lava cind brn-red s-m	765	780	
Andesite blk frac m-h	780	790	
Andesite blk hrd	790	842	

Date started _____ Completed _____

(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 Greg A. Gator WWC Number 1701 Date 9/22/97

(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 _____ WWC Number 723 Date 9/22/97