

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 50855
START CARD # 144573

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

(1) LAND OWNER Well Number _____
Name DOUG CRAWFORD
Address PO BOX 106
City CXBOW State OR Zip 97840

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

HOLE		SEAL		Sacks or pounds	
Diameter	From	To	Material	From	To
6"	0	19	BENTONITE	0	19
	19	100			18

How was seal placed: Method A B C D E
 Other POURED 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
6"	+2	99	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Drive Shoe used Inside Outside None
Final location of shoe(s) 99'

(7) PERFORATIONS/SCREENS:
 Perforations Method TORCH
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
90	99	6"x1/4"	12	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 25 Drawdown _____ Drill stem at 100' Time 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 BAKER Latitude _____ Longitude _____
Township 8 N of S Range 39 E of W. WM.
Section 18 NW/4 SE 1/4
Tax Lot 501 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 800' SOUTH OF POCAHANTAS ON NORTH SIDE OF SCHOOL HOUSE RD.

(10) STATIC WATER LEVEL:
48' ft. below land surface. Date 10-3-01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 65'

From	To	Estimated Flow Rate	SWL
67	100	25 GPM	48

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
GRAVEL SAND & COBBLES	2	-	
TAN CLAY	10	-	
GRAVEL & COBBLES	-	54	
GRAVEL & TAN CLAY	54	67	
GRAVEL w/ SILTY SAND & CLAY	67	-	48
	-	100	48

RECEIVED

OCT 11 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 10-2-01 Completed 10-3-01

(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 _____ Date _____ WWC Number _____

(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 [Signature] WWC Number 1775 Date 10-3-01