

STATE OF OREGON  
**WATER WELL REPORT**  
 (as required by ORS 537.785)

**CROO**  
**029**

**CROO 29**

15s/16E/21

WATER RESOURCES (START CARD) # **21305**

(1) OWNER: Well Number: **547**  
 Name **JANET WALKER**  
 Address **2944 NE 36th AVE**  
 City **PORTLAND** State **ORE** Zip **97212**

(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 **300** ft.  
 Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	25	CEMENT	0	25	15
8"	25	300				

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:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8"	+1	25	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

Liner:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min **60 gpm** Drawdown **UNKNOWN** Drill stem at **300** 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: \_\_\_\_\_

(9) LOCATION OF WELL by legal description:  
 County **CROOK** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township **15S** N or S, Range **16E** E or W, WM.  
 Section **21** 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
 Tax Lot **806** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) \_\_\_\_\_

(10) STATIC WATER LEVEL:  
**129** ft. below land surface. Date **7-31-90**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found **129**

From	To	Estimated Flow Rate	SWL
129	300	60	129

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
SANDY Top Soil	0	1	
CEMENTED GRAVEL	1	16	
BROWN CLAYSTONE	16	79	
GREEN CLAYSTONE	79	108	
BROWN CLAYSTONE	108	129	
GRAVEL	129	138	
BROWN SANDSTONE	138	160	
YELLOW ROCK	160	192	
HARD GREEN ROCK	192	204	
YELLOW CLAYSTONE	204	239	
GREY ROCK	239	300	

Date started **7-30-90** Completed **7-31-90**

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_  
 Date \_\_\_\_\_

(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 *Shawn M. ...* WWC Number **584**  
 Date **7-31-90**



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

Application for
Well ID Number

RECEIVED

MAR 14 2011

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): High Desert Estates Homeowners
Mailing Address: 4488 SE Jerry Dr
City: Prineville State: OR Zip: 97754
Mailing Address (to send Well I.D.): 4488 SE Jerry Dr
City: Prineville State: OR Zip: 97754

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

Township: 15 South (North/South) Range: 16 East (East/West) Section: 21 B
Tax Lot: 800 County: Crook SE 1/4 SW 1/4
Street Address of Well: 4488 SE Jerry Dr City: Prineville
Owner at time the well was constructed, (if known): Janet Walker
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): Community well
Date Well Constructed: 7/31/1990 Total Well Depth: 300 Ft Casing Diameter: 8"
Other Information: This well serves Certificate 85101

SUBMITTED BY (please print): Jeremy Giffin (District 11 Watermaster)
PHONE: (541) 388-6669 FAX: (541) 388-5101

GPS location - 44.26175 N -120.81885 W

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: Well Log Number: Crooks 029 Well Identification #: L-94626