

WATER SUPPLY WELL REPORT

CROO 51172

Received Date **12/07/1999**Well ID Tag # L **13818**Start Card # **121646**

(as required by ORS 537.765)

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

(1) OWNER

Well Number

Name **RON RAASCH**Street **PO BOX 11**City **POWELL BUTTE** State **OR** Zip **97753****(2) TYPE OF WORK**

- ☐ New ☐ Alter (Recondition) ☐ Alter (Repair)
☒ Deepening ☐ Abandonment

(3) DRILL METHOD

- ☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger

Other

(4) PROPOSED USE

- ☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation ☐ Injection
☐ Livestock ☐ Thermal Other

(5) BORE HOLE CONSTRUCTIONSpecial Standards ☐ Depth of completed well **900** ft.Explosives Used ☐ Amount Type

Diameter	From	To
6.00	8.00	9

How as seal placed: Method Other **DID NOT DISTURB**

Backfill placed from ft. TO ft. Material

Filter pack from ft. TO ft. Size in.

(6) CASING/LINER**(7) PERFORATION/SCREENS**

- ☐ Perforation: Method
☐ Screens Type Material

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

Type	Yield	Units	Drawdown	Stem at	Duration
Air	300.0	G		860	2.0

Temperature of water **70** °F/C Depth artesian flow found ft.Was water analysis done? ☐

By Whom?

Did any strata contain water not suitable for intended use? ☐ Too Little ☐ Salty☐ Muddy ☐ Odor ☐ Colored Other

Depth of strata ft.

(9) LOCATION OF HOLE By legal descriptionCounty **Crook** Latitude LongitudeTownship **15.00 S** Range **15.00 E** SubdivisionTax lot **1208** Lot BlockSection **27 SW** 1/4 **SW** 1/4

Street Address of Well (or nearest address)

6661 S 3 SPRINGS RD**MAP with location indentified must be attached****(10) STATIC WATER LEVEL****215.0** Ft. below land surface. Date **11/23/1999**

Artesian Pressure lb/sq. in. Date

(11) WATER BEARING ZONESDepth at which water was first found **630** ft.**(12) WELL LOG**

Ground Elevation ft.

Material	From	To	SWL
BASSALT GRAY HARD	800	815	
LAVA FRACTURE LAYERS	815	900	215