

#11

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

DESC 200

OCT 29 1990

155/10E/20 CD

(START CARD) # 20479

Desc 200

WATER RESOURCES DEPT  
SALEM, OREGON  
(9) LOCATION OF WELL by legal description:

(1) OWNER:

Name Jay Crawford  
Address P.O. Box 1512  
City Sisters State Ore Zip 97759

Well Number: \_\_\_\_\_

County Desch Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 15 S N or S. Range 10 E E or W. WM.  
Section 20 SE SW  
Tax Lot 900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Peterson Burn Rd

(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 371 ft.  
Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	36 1/2	Cement	0	36 1/2	35 Sac
8	36 1/2	371				

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/Liner	Diameter	From	To	Gauge	Steel				Welded		Threaded	
					Plastic	Welded	Threaded	Welded	Threaded	Welded	Threaded	
Casing: 8"	8"	+1/2	36 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 6"	6"	-4	369	.188	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
349	369	1/8 x 3	254	6		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump  Bailer  Air  Flowing  Artesian

Yield gal/min	Drawdown	Drill stem at	Time
14	0	360	1 hr.

Temperature of water 51° 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:

311 ft. below land surface. Date 10-24-90  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 315

From	To	Estimated Flow Rate	SWL
315	371		311

(12) WELL LOG:

Material	From	To	SWL
Sandy Top Soil	0	3	
Pumice red cinder Congl.	3	30	
Gray lava	30	41	
Caving Congl.	41	52	
lava	52	91	
Crevice? broken lava	91	100	
lava	100	111	
Brown Sand Stone	111	144	
lava	144	149	
Brown Congl.	149	158	
Caving red cinders	158	180	
lava	180	210	
lava hard	210	270	
Caving brown Congl.	270	292	
lava	292	295	
brown Congl.	295	315	311
(w.B.) broken lava	315	327	
(w.B.) brown Sand Stone	327	371	

Date started 10-19-90 Completed 10-24-90

(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.

WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ 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.

WWC Number 1255  
Signed William D. Krum Date 10-25-90

RECEIVED

MAR 16 2000

WATER RESOURCES DEPT  
SALEM, OREGON

WELL IDENTIFICATION FORM

Owner's Well Number: \_\_\_\_\_

CURRENT WELL OWNER:

Phone: \_\_\_\_\_

Name: Norman J. Crawford Jr.

Mailing Address: PO Box 1779

City: Sisters State: OR Zip: 97259

WELL LOCATION: DESC 200

County: Deschutes Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Township: 15S N or S, Range: 10 E or W Section: 20 1/4 1/4

Tax Lot Number: 900

Street Address of Well (if different from above): 67655 Peterson Burn Rd.  
Sisters OR

*If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.*

WELL INFORMATION:

Start Card Number: \_\_\_\_\_ Approx. Construction Date: \_\_\_\_\_

Well Constructor: \_\_\_\_\_

Name of Owner at Time of Construction: \_\_\_\_\_

Well Depth (in feet): \_\_\_\_\_ Static Water Level (in feet): \_\_\_\_\_

Diameter of Exposed Well Casing (in inches): \_\_\_\_\_

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes:

Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Please Return Completed Form to: **Oregon Water Resources Department**  
158 12th Street NE  
Salem, OR 97310

40918

(Office use only)