

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

RECEIVED
DESC 3124

SEP 23 1986

PLEASE TYPE or PRINT IN INK

WATER RESOURCES DEPT

155/10E-2000
DESC 3124
(for official use only)

(1) OWNER:

SALEM, OREGON

Name Erick Dolson
Address P.O. Box 698
City Sisters OR 97759 State _____

(2) TYPE OF WORK (check):

New Well ☒ Deepening ☐ Reconditioning ☐ Abandon ☐

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Air ☒ Driven ☐ Domestic ☒ Industrial ☐ Municipal ☐
Rotary Mud ☐ Dug ☐ Thermal: ☐ Withdrawal ☐ Reinjection ☐
☐ Bored ☐ Other: ☐ Piezometric ☐ Grounding ☐ Test ☐

(4) PROPOSED USE (check):

(5) CASING INSTALLED:

Steel ☒ Plastic ☐
Threaded ☐ Welded ☐

8" Diam. from +3 ft. to 18 ft. Gauge .250
6" Diam. from 0 ft. to 340 ft. Gauge .188 liner

LINER INSTALLED:

Steel ☒ Plastic ☐
Threaded ☐ Welded ☒

5" Diam. from 330 ft. to 370 ft. Gauge .188

(6) PERFORATIONS:

Perforated? ☒ Yes ☐ No

Size of perforations 1/4 in. by 12 in.
36 perforations from 330 ft. to 370 ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? ☐ Yes ☒ No

Manufacturer's Name _____
Type _____ Model No. _____
Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot Size _____ Set from _____ ft. to _____ ft.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level

Is a pump test made? ☐ Yes ☒ No If yes, by whom?
Pump test: _____ gal./min. with _____ ft. drawdown after _____ hrs.
Air test: _____ gal./min. with drill stem at _____ ft. _____ hrs.
Bailer test 4 gal./min. with 3 ft. drawdown after 1 hrs.
Artesian flow: _____ g.p.m.
Temperature of water _____ Depth artesian flow encountered _____ ft.

(9) CONSTRUCTION:

Special standards: Yes ☐ No ☒

Well seal—Material used cement
Well sealed from land surface to 18 ft.
Diameter of well bore to bottom of seal 12 in.
Diameter of well bore below seal 8 in.
Amount of sealing material 6 sacks ☒ pounds ☐
How was cement grout placed? pressure grout

Was pump installed? NO Type _____ HP _____ Depth _____ ft.
Was a drive shoe used? ☐ Yes ☒ No Plugs _____ Size: location _____ ft.
Did any strata contain unusable water? ☐ Yes ☒ No
Type of Water? _____ depth of strata _____

Method of sealing strata off _____
Was well gravel packed? ☐ Yes ☒ No Size of gravel: _____
Gravel placed from _____ ft. to _____ ft.

(10) LOCATION OF WELL by legal description:

County Deschutes SW 1/4 SW 1/4 of Section 20 of
Township 15 Range 10E WM.
(Township is North or South) (Range is East or West)

Tax Lot _____ Lot _____ Block _____ Subdivision _____

MAILING ADDRESS OF WELL (or nearest address) Pole Creek Rd
Sisters OR 97759

(11) WATER LEVEL of COMPLETED WELL:

Depth at which water was first found _____ ft.
Static level 318 ft. below land surface. Date 8/16/86
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing _____ ft.

Depth drilled 370 ft. Depth of completed well 370 ft.
Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level and indicate principal water-bearing strata.

MATERIAL	From	To	SWL
brown sandy soil	0	2	
brown coarse sandstone	2	24	
grey soft lava rock	24	52	
br. coarse sandstone-lg. boulders	52	74	
brown soft broken rock	74	118	
brown coarse sandstone	118	231	
br. soft broken rock	231	268	
br. coarse cong. & boulders	268	301	
black hard broken rock	301	330	
black broken rock/gravel strips	330	370	318
WB	330	370	318

Date work started 8/5/86 /completed 8/16/86
Date well drilling machine moved off of well 8/16/86 19

(unbonded) Water Well Constructor Certification (if applicable):

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] _____ Date _____, 19 _____

(bonded) Water Well Constructor Certification:

Bond 2206 234 Issued by: Western Surety
(number) (Surety Company Name)

On behalf of Crawford Well Drilling
(type or print name of Water Well Constructor)

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief:

(Signed) [Signature]
(Water Well Constructor)

(Dated) 9/17/86

NOTICE TO WATER WELL CONSTRUCTOR
The original and first copy of this report
are to be filed with the

WATER RESOURCES DEPARTMENT,
SALEM, OREGON 97310
within 30 days from the date of well completion.

SP*46866-690



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.oregon.gov/owrd

Application for Well ID Number

RECEIVED

NOV 1 2022

Do not complete if the well already has a Well Identification Number.

OWRD

I. OWNER INFORMATION

Current Owner Name (please print): JOHNNY LEE KLASSEN & JUDITH MARIE KLASSEN

Mailing Address: PO BOX 2426

City, State, Zip: SISTERS, OR 97759

Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)

Name & Address: _____

City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 15S (North / South) Range: 10E (East / West) Section: 20 SW 1/4 of the SW 1/4

Tax Lot (usually last 3-5 numbers of Tax Map #): 700 County DESCHUTES

GPS Coordinates: 44.250329 -121.570385

Street Address of Well, City: 67665 PETERSON BURN RD. SISTERS, OR 97759

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): DOMESTIC

Date Well Constructed (or property built): 8/16/1986 Total Well Depth: 370' Casing Diameter: 8"

Owner at time the well was constructed (if known): ERICK DOLSON Well Report # (if known): DESC 3124

Other Information: TAG L-33198 LOST

SUBMITTED BY (please print): BRYCE WITHERS / WATER RIGHT SERVICES, LLC

PHONE: 541-408-1400 EMAIL &/or FAX: brycewrs@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

REPLACEMENT WELL ID

For Official Use Only by the Oregon Water Resources Department:

Received Date:

11-1-22

Well Report Number:

DESC 3124

Well Identification #:

L-149819

RECEIVED

DESC 3124

WELL IDENTIFICATION FORM

MAY 24 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Owner's Well Number: _____

Phone: 541-549-9941

CURRENT WELL OWNER:

Name: Eric and Katherine Dolson

Mailing Address: PO Box 1175

City: Sisters State: OR Zip: 97759

WELL LOCATION:

County: Deschutes Latitude: 44° 15' 01" N Longitude: 121° 34' 20" W

Township: 15 North Range: 10 East or West Section: 20 SW 1/4 SW 1/4

Tax Lot Number: 700

Street Address of Well (if different from above): 67665 Peterson
Burn Road

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

(Office use only)

WELL I.D.# 33198

Lost!
Red: 149819