

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

486
 DEC 10 1987

desc
 5761

205/8E-34ac

(1) OWNER:
 Name U.S. Forest Service (Crane Prairie)
 Address 1645 E Hwy 20
 City Bend State Ore Zip 97701

(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 U.S.F.S. Camp ground

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 78 1/2 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
meter	From To	Material	From To	sacks or pounds	
12"	0 28	cement	0 28	49	sacks
8"	28 90				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 28 ft. to 78 ft. Size of gravel 1/2" minus

(6) CASING/LINER: 1 1/2 yds

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+2	78 1/2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method machine
 Screens Type _____ Material _____

from	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
3 1/2	78 1/2		456	1/8 by 3		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100	5'		4 hr.

Temperature of water 50 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 Des Latitude 43° 48' min Longitude 121° -46' min
 Township 20S N or S, Range 8 E E or W, WM.
 Section 34 SW 1/4 NE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
32 ft. below land surface. Date 11/10/87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 43

From	To	Estimated Flow Rate	SWL
43	78 1/2		32

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
sandy soil	0	3	
redish cindery ash	3	5	
gray basalt	5	16	
gray brkn vesicular basalt			
(POOR return	16	19	
gray basalt	19	43	32
crse to med gravel brn sand			
(caving (WB)	43	90	

Date started 11/2/87 Completed 11/10/87

(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 [Signature] WWC Number _____
 Date 11/18/87

(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 [Signature] WWC Number 595
 Date 11/18/87