

**CLAIM OF
BENEFICIAL USE
for Transfer with Multiple
Changes - Groundwater**



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem, Oregon 97301-1266
(503) 986-0900
www.oregon.gov/OWRD

A fee of \$200 must accompany this form for any Transfer final orders including a water right with a priority date of July 9, 1987, or later.

Example – A transfer involves 5 rights and one of the rights has a priority date of July 9, 1987, or later, the fee is required.

A separate form shall be completed for each transfer.

This form is subject to revision. **Begin each new claim** by checking for a new version of this form at: <https://www.oregon.gov/OWRD/Forms/Pages/default.aspx>

The completion of this form is required by OAR 690-014-0100(1) and 690-014-0110(4).

Please type or print in dark ink. If this form is found to contain errors or omissions, it may be returned to you. **Every item must have a response.** If any requested information does not apply to the claim, insert "NA." **Do not delete or alter any section of this form unless directed by the form.** The Department may require the submittal of additional information from any water user or authorized agent.

"Section 7" of this form is intended to aid in the completion of this form and should not be submitted.\

A claim of beneficial use includes both this report and a map. If the map is being mailed separately from this form, please include a note with this form indicating such.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

The Department has a program that allows it to enter into a voluntary agreement with an applicant for expedited services. Under such an agreement, the applicant pays the cost to hire additional staff that would not otherwise be available. This program means a certificate may be issued in about a month. For more information on this program see:

<https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/default.aspx>

GENERAL INFORMATION

Type of Authorized Change

This Claim is being submitted for a transfer involving multiple changes.

YES **NO**

Mark all that apply:

1. Change in POA(s) or Additional POA(s) 2. Change in Place of Use
3. Change in Character of Use

A separate section will be completed for each type of change authorized in the transfer final order.

1. File Information

APPLICATION # T-11989

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2. Property Owner (current owner information)

APPLICANT/BUSINESS NAME James Warkentin & Jesse Warkentin		PHONE NO. 541-420-9041	ADDITIONAL CONTACT NO.
ADDRESS PO Box 52			
CITY Christmas Valley	STATE OR	ZIP 97641	E-MAIL

If the current property owner is not the transfer holder of record, it is recommended that an assignment be filed with the Department. ***Each transfer holder of record must sign this form.***

3. Transfer holder of record (this may, or may not, be the current property owner)

TRANSFER HOLDER OF RECORD Tim Warkentin (deceased) – Request for Assignment Attached		
ADDRESS		
CITY	STATE	ZIP

4. Date of Site Inspection:

10-16-2020

5. Person(s) interviewed and description of their association with the project:

NAME	DATE	ASSOCIATION WITH THE PROJECT
James Warkentin	10-16-2020	Owner

6. County:

Lake

7. If any property described in the place of use of the transfer final order is excluded from this report, identify the owner of record for that property (ORS 537.230(5)):

OWNER OF RECORD N/A		
ADDRESS		
CITY	STATE	ZIP

Add additional tables for owners of record as needed

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**SECTION 2
SIGNATURES**

CWRE Statement, Seal and Signature

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge.



CWRE NAME Gary L. DeJarnatt		PHONE NO.	ADDITIONAL CONTACT NO. John Short 541-389-2837
ADDRESS 20735 Double Peaks Drive			
CITY Bend	STATE OR	ZIP 97701	E-MAIL

Transfer Holder of Record Signature or Acknowledgement

Each transfer holder of record must sign this form in the space provided below.

The facts contained in this Claim of Beneficial Use are true and correct to the best of my knowledge. I request that the Department issue a water right certificate.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
	Jesse Warkentin	member	1-4-22
	Jamey Warkentin	member	1-4-22
	Paulette Warkentin	member	1-11-22

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SECTION 3
Changes Made

Note: The Claim only needs to describe the changes that were authorized in the transfer final order.

Change #1

Change in POA(s) or Additional POA(s)

Did the transfer order authorize a change in the points of appropriation or additional points of appropriation? YES NO

If "NO", this Section can be deleted.

1. New or additional point of appropriation name or number:

POINT OF APPROPRIATION (POA) NAME OR NUMBER (CORRESPOND TO MAP)	WELL LOG ID # FOR ALL WORK PERFORMED ON THE WELL (IF APPLICABLE)	WELL TAG # (IF APPLICABLE)	SOURCE (IF LISTED IN TRANSFER FINAL ORDER)
Well 2	LAKE 50650	L-16061	Fort Rock Basin
Well 3	LAKE 52253	L-93331	Fort Rock Basin
Well 4A	LAKE 51276	L-53585	Fort Rock Basin

Attach each well log available for the well (include the log for the original well and any subsequent alterations, reconstructions, or deepenings)

If well logs are available, items A and B below can be deleted

2. Variations:

Was the use developed differently from what was authorized by the transfer final order, or extension final? YES NO

If yes, describe below.

(e.g. "The order allowed three new/additional points of appropriation. The water user only developed one of the points.")

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3. Claim Summary:

NEW OR ADDITIONAL POA NAME OR #	MAXIMUM RATE AUTHORIZED	CALCULATED THEORETICAL RATE BASED ON SYSTEM	AMOUNT OF WATER MEASURED
Well 2	0.16 CFS FOR 12.5 AC, 0.10 FOR 8.2 AC, 1.33 CFS FOR 106.4 AC = 1.59 CFS TOTAL	5.94 CFS	N/A
Well 3	0.67 CFS FOR 53.6 AC, 0.81 CFS FOR 64.8 AC = 1.48 CFS TOTAL	7.99 CFS	N/A
Well 4A	2.84 CFS	10.72 CFS	N/A

System Description

Are there multiple new or additional Points of Appropriation (POA)? YES NO

If "YES" you will need to copy and complete either Section A or B in this Section for each POA.

POA Name or Number this section describes (only needed if there is more than one):

Well 2 LAKE 50650/L-16061

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown			Turbine		

2. Motor Information

MANUFACTURER	HORSEPOWER
US Motors	60 HP

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
60	15	28'	5'	5.94 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations.

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5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

Reminder: For pump calculations use the reference information at the end of this document.

6. Additional notes or comments related to the system:

N/A

B. Groundwater Source Information (Well and Sump)

1. Is the appropriation from a dug well (sump)?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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Well 3 LAKE 52253/L-93331

A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown			Turbine		

2. Motor Information

MANUFACTURER	HORSEPOWER
US Electrical	75 HP

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
75	15	23'	5'	7.99 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations.

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

Reminder: For pump calculations use the reference information at the end of this document.

6. Additional notes or comments related to the system:

N/A

B. Groundwater Source Information (Well and Sump)

1. Is the appropriation from a dug well (sump)?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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A. POA System Information

Provide the following information concerning the point of appropriation. Information provided must describe the equipment used to appropriate water from the point of appropriation.

1. Pump Information

MANUFACTURER	MODEL	SERIAL NUMBER	TYPE (CENTRIFUGAL, TURBINE OR SUBMERSIBLE)	INTAKE SIZE	DISCHARGE SIZE
Unknown			Submersible		

2. Motor Information

MANUFACTURER	HORSEPOWER
Selectric	125 HP

3. Theoretical Pump Capacity

HORSEPOWER	OPERATING PSI	LIFT FROM SOURCE TO PUMP *IF A WELL, THE WATER LEVEL DURING PUMPING	LIFT FROM PUMP TO PLACE OF USE	TOTAL PUMP OUTPUT (IN CFS)
125	15	39'	5'	10.72 CFS

4. Provide pump calculations:

See attached OWRD Pump Calculations.

5. Measured Pump Capacity (using meter if meter was present and system was operating)

INITIAL METER READING	ENDING METER READING	DURATION OF TIME OBSERVED	TOTAL PUMP OUTPUT (IN CFS)
N/A			

Reminder: For pump calculations use the reference information at the end of this document.

6. Additional notes or comments related to the system:

N/A

B. Groundwater Source Information (Well and Sump)

1. Is the appropriation from a dug well (sump)?

YES NO

If "NO", items 2 through 4 relating to this section may be deleted.

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Change #2

Change in Place of Use

Did the transfer order authorize a change in the place of use?

YES NO

If "**NO**", this Section can be deleted.

1. Claim Summary – Authorized Use:

If Irrigation or Nursery Use:

THE # OF ACRES ALLOWED	THE # OF ACRES DEVELOPED
226.0	226.0

If the new use(s) was not irrigation or nursery:

NEW USE(S)	WAS THE NEW PLACE OF USE DEVELOPED TO THE FULL EXTENT AUTHORIZED UNDER THE ORDER? (INCLUDE THE LOCATION OF THE DEVELOPED PLACE USE ON THE CLAIM MAP)
	YES NO <u>NA</u>
	YES NO <u>NA</u>

2. Variations:

Was the use developed differently from what was authorized by the transfer final order? YES NO

If yes, describe below.

(e.g. "The order authorized a change in place of use for 40 acres. The water user only developed 38 acres.")

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Change #3

Change in Character of Use

Did the transfer order authorize a change in character of use? YES NO

If "NO", this Section can be deleted.

SECTION 4

CONDITIONS

All conditions contained in the transfer final order, or any extension final order shall be addressed. Reports that do not address all performance related conditions will be returned.

1. Time Limits:

Describe how the water user has complied with each of the development timelines established in the transfer final order and any extensions of time issued for the transfer:

	DATE FROM TRANSFER	DATE THE AUTHORIZED CHANGES WERE COMPLETED *THIS DATE MUST FALL BETWEEN THE "ISSUANCE DATE" AND THE "COMPLETENESS DATE"
ISSUANCE DATE	3-16-2016	
COMPLETENESS DATE FROM ORDER (C)	10-1-2017	10-1-2017

* MUST BE WITHIN PERIOD BETWEEN TRANSFER FINAL ORDER, OR ANY EXTENSION FINAL ORDER ISSUANCE AND THE DATE TO COMPLETE THE CHANGE

2. Is there an extension final order(s)? YES NO

If "NO", you may delete the following table.

3. Measurement Conditions:

a. Does the transfer final order, or any extension final order require the installation of a meter or other approved measuring device? YES NO

If "NO", items b through f relating to this section may be deleted.

Reminder: If a meter or approved measuring device was required, the COBU map must indicate the location of the device in relation to the point of appropriation.

b. Has a meter been installed? YES NO

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c. Meter Information

POA NAME OR #	MANUFACTURER	SERIAL #	CONDITION (WORKING OR NOT)	CURRENT METER READING	DATE INSTALLED
Well 1 (LAKE 654)	Elser	14979704	Working	21319	1977
Well 1A (LAKE 72)	Aquamaster	50161	Working	Illegible	2013
Well 2	Elster	14979705	Working	16092	1998
Well 2A (LAKE 1689)	Aquamaster	50160	Working	Illegible	2013
Well 3	Nktech		Working	0.2	2017
Well 4	Nktech		Working	0	2017
Well 4A	Elster	14979703	Working	6903	2002

If a meter has been installed, items d through f relating to this section may be deleted.

4. Recording and reporting conditions

a. Is the water user required to report the water use to the Department? YES NO

If "NO", item b relating to this section may be deleted.

5. Other conditions required by the transfer final order or extension final order:

- a. Were there special well construction standards? YES NO
- b. Was submittal of a ground water monitoring plan required? YES NO
- c. Other conditions? YES NO

If "YES" to any of the above, identify the condition and describe the water user's actions to comply with the condition(s):

**SECTION 5
ATTACHMENTS**

Provide a list of any additional documents you are attaching to this report:

ATTACHMENT NAME	DESCRIPTION
Pump Calcs	OWRD Pump Calculations
Well Logs	LAKE 654, LAKE 72, LAKE 50650/L-16061, LAKE 1689, LAKE 52253/L-93331, LAKE 51276/L-53585
CBU Maps	Claim of Beneficial Use Maps

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SECTION 6

CLAIM OF BENEFICIAL USE MAP

The Claim of Beneficial Use Map must be submitted with this claim. Claims submitted without the Claim of Beneficial Use map will be returned. The map shall be submitted on poly film at a scale of 1" = 1320 feet, 1" = 400 feet, or the original full-size scale of the county assessor map for the location.

The changes that were authorized under the transfer final order must be mapped based on the developed locations; new or additional points of appropriation and place of use.

In cases where the order involved additional points of appropriation, the additional points should be mapped based on their developed locations. The original points of appropriation should be mapped based on the original right of record at the time the transfer final order was issued.

In cases where the order involved changing the place of use for a portion of a water right, the portion of the place of use being changed should be mapped based on the developed location. If the transfer also included portions of the place of use that were not being modified, but were receiving a new or additional point of appropriation, the place of use for those lands should be mapped based on the original right of record at the time the transfer final order was issued.

Provide a general description of the survey method used to prepare the map. Examples of possible methods include, but are not limited to, a traverse survey, GPS, or the use of aerial photos. If the basis of the survey is an aerial photo, provide the source, date, series and the aerial photo identification number.

On-site direct measurement and NAIP Imagery.

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Map Checklist

Please be sure that the map you submit includes ALL the items listed below.
(Reminder: Incomplete maps and/or claims may be returned.)

- Map on polyester film
- Appropriate scale (1" = 400 feet, 1" = 1320 feet, or the original full-size scale of the county assessor map)
- Township, Range, Section, Donation Land Claims, and Government Lots
- If irrigation, number of acres irrigated within each projected Donation Land Claims, Government Lots, Quarter-Quarters
- N/A Locations of fish screens and/or fish by-pass devices in relationship to point of diversion
- Locations of meters and/or measuring devices in relationship to point of diversion or appropriation
- Conveyance structures illustrated (pumps, reservoirs, pipelines, ditches, etc.)
- Point(s) of diversion or appropriation (illustrated and coordinates)
- Tax lot boundaries and numbers
- N/A Source illustrated if surface water
- Disclaimer ("This map is not intended to provide legal dimensions or locations of property ownership lines")
- Application and permit number or transfer number
- North arrow
- Legend
- CWRE stamp and signature

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Pump Capacity Calculation Sheet		Warkentin Well 2 LAKE 50650	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>60</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>33</u>		
PSI =	<u>15</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	<u>422.4</u>		
Head based on psi =	<u>38.1</u>		
Total dynamic head =	<u>71.1</u>		
(head + lift)			
Pump Capacity =	5.94	feet per second	

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Pump Capacity Calculation Sheet		Warkentin Well 3 LAKE 52253	
using Department designed formula:			
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$			
Efficiency:			
Centrifugal = 6.61			
Turbine = 7.04			
Data Entry (fill in underlined blanks)			
HP =	<u>75</u>		
Efficiency =	<u>7.04</u>		
Lift =	<u>28</u>		
PSI =	<u>15</u>		
Results Calculated			
$(hp)(\text{efficiency}) =$	528		
Head based on psi =	38.1		
Total dynamic head =	66.1		
(head + lift)			
Pump Capacity =	7.99	feet per second	

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Pump Capacity Calculation Sheet		Warkentin Well 4A LAKE 51276			
using Department designed formula:					
$(hp)(\text{efficiency}) / (\text{lift} + \text{psi head}) = \text{capacity in cfs}$					
Efficiency:					
Centrifugal = 6.61					
Turbine = 7.04					
Data Entry (fill in underlined blanks)					
HP =	<u>125</u>				
Efficiency =	<u>7.04</u>				
Lift =	<u>44</u>				
PSI =	<u>15</u>				
Results Calculated					
(hp)(efficiency) =	880				
Head based on psi =	38.1				
Total dynamic head =	82.1				
(head + lift)					
Pump Capacity =	10.72	feet per second			

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

(START CARD) # 93484

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

(1) OWNER: Well Number L16061
 Name George Schmidt
 Address PO Box 926
 City Christmas Valley State OR Zip 97641

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 355 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18"	0	118	Cement	0	118	49 Sacks
8"	118	355				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14"	+1	118	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: -110	+70			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
1500		355	0 hr.

Temperature of water 55 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 Linn Latitude _____ Longitude _____
 Township 26 N or S Range 18 E or W. WM.
 Section 8 54 1/4 SE 1/4
 Tax Lot 4000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 9-8-98
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 139

From	To	Estimated Flow Rate	SWL
139	139 1/2	300 gal	

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Brown Clay Stone	0	2	
Black Sand Stone	2	25	
Brown Clay Stone	25	85	
Gray Clay Stone	85	120	
Brown Stone	120	130	
Black Sand	130	139	
Gray Clay Stone	139	145	
Brown Clay Stone	145	205	
Gray Clay	205	350	
Prime sand gravel	350	354	

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 WATER RESOURCES DEPT.
 SALEM, OREGON **OWRD**

Date started 8-24-98 Completed 9-8-98

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 WWC Number 1654
 Signed [Signature] Date 9-21-98

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LAKE 51276

LAKE 51276

STATE OF OREGON WATER SUPPLY WELL REPORT

JUN 17 2002

WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L53585 START CARD # 118028

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

(1) OWNER: Name Stan Rol Faiss Well Number

Address PO Box 83 City CHRISTMAS LAKE State OR Zip 97641

(2) TYPE OF WORK: [X] New Well [] Deepening [] Alteration [] Abandonment

(3) DRILL METHOD: [X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Other

(4) PROPOSED USE: [] Domestic [] Community [] Industrial [X] Irrigation [] Thermal [] Injection [] Livestock [] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [] Yes [X] No Depth of Completed Well 340 ft.

Explosives used [] Yes [X] No Type Amount

Table with columns: Diameter, From, To, Material, Seal, Sacks or pounds. Includes entries for 19" and 14" diameters.

How was seal placed: Method [] A [] B [X] C [] D [] E [] Other 3/8" A/C Plug

Backfill placed from 102 ft. to 25 ft. Material 3/8" Bed

Gravel placed from ft. to ft. Size of gravel

Table for CASING/LINER with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded.

(7) PERFORATIONS/SCREENS: [] Perforations [] Screens

Table for PERFORATIONS/SCREENS with columns: From, To, Slot size, Number, Diameter, Material, Casing, Liner.

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

Table for WELL TESTS with columns: Pump/Bailer/Air, Yield gal/min, Drawdown, Drill stem at, Time.

Temperature of water 59 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 Lake Latitude Longitude Township 26 N or S Range 18 E or W. WM. Section 16 1/4 1/4 Tax Lot 500 Lot Block Subdivision Street Address of Well (or nearest address) 89942 ROLF'S POINT LN CHRISTMAS LAKE OR 97641

(10) STATIC WATER LEVEL: 34' ft. below land surface. Date 5-17-02

(11) WATER BEARING ZONES: Depth at which water was first found 37

Table for WATER BEARING ZONES with columns: From, To, Estimated Flow Rate, SWL. Includes entry for 37 to 37.2 ft depth with 10 gal flow rate.

(12) WELL LOG: Ground Elevation

Table for WELL LOG with columns: Material, From, To, SWL. Lists soil layers from 0 to 340 ft depth.

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Date started 4-27-02 Completed 5-17-02

(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 water supply well construction standards.

Materials used and information reported above are true to the best of my knowledge and belief.

WVC 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

WVC Number 1654 Signed Date 6-10-02

lake 52253

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 93331

START CARD # 196675

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

(1) LAND OWNER

Owner Well I.D.
First Name: W. Last Name:
Company: WORTHINGTON FARMS LLC
Address: PO BOX 12
City: CHRISTMAS VALLEY State: OR Zip: 97641

(2) TYPE OF WORK: [X] New Well [] Deepening [] Conversion [] Alteration (repair/recondition) [] Abandonment

(3) DRILL METHOD

[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud [] Reverse Rotary [] Other

(4) PROPOSED USE

[] Domestic [X] Irrigation [] Community [] Industrial/Commercial [] Livestock [] Dewatering [] Injection [] Thermal [] Other

(5) BORE HOLE CONSTRUCTION Special Standard: [] Yes (attach copy)

Depth of Completed Well: 420 ft.

Table with columns: Dia, From, To, Material, SEAL From, To, Amount, Scks/lbs. Includes handwritten entries for 24", 16", and 9" diameters.

How was seal placed: Method [] A [] B [X] C [] D [] E

Backfill placed from ___ ft. to ___ ft. Material:
Filter pack from ___ ft. to ___ ft. Material: Size:
Explosives used: [] Yes Type: Amount:

(6) CASING/LINER

Table with columns: Casing, Liner, Dia, Gauge, Steel, Plastic, Welded, Thrd. Includes handwritten entries for 16" and 12" diameters.

Shoe [] Inside [] Outside [] Other Location:
Temporary casing [] Yes Diameter: From: To:

(7) PERFORATIONS/SCREENS

Perforations Method:
Screens Type: WATER RESOURCES DEPT SALEM, OREGON

Table with columns: Perf, Scrm, Casing, Liner, Screen Dia, From, To, Screen slot width, Slot length, # of slots, Tele/pipe size.

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

[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min: 3000+ Drawdown: Drill stem/Pump depth: 420 Duration (hr): 1 hr

Temperature 52 °F Lab analysis [] Yes By:
Water quality concerns? [] Yes (describe below)
From: To: Description: Amount: Units:

(9) LOCATION OF WELL (legal description)

County: Lake Twp: 26 N or S Range: 18 E or W W.M.
Sec: 8 NW 1/4 of the NW 1/4 Tax Lot: 601
Tax Map Number: Lot:
Lat: " or DMS or DD
Long: " or DMS or DD

Street Address of Well (or nearest address): 60367 Milcreek Rd CIVILY OR 97641

(10) STATIC WATER LEVEL

Table with columns: Date, SWL (psi), SWL (ft). Includes entries for Existing Well/Predeepening and Completed Well (4-13-10, 23').

Flowing Artesian? [] Yes Dry Hole? [] Yes
WATER BEARING ZONES Depth water was first found: 60

Table with columns: SWL Date, From, To, Est Flow, SWL (psi), SWL (ft). Includes handwritten entries for 3-1-10, 4-11-10, and 4-13-10.

(11) WELL LOG

Table with columns: Material, From, To, Ground Elevation. Includes handwritten entries for TOP SoL, Clay, Black Sand, Brown Clay, etc.

Date Started: 3-28-10 Completed: 4-13-10

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported are to the best of my knowledge and belief.

License Number: Date: JAN 03 2011

Signed: WATER RESOURCES DEPT SALEM, OREGON

(bonded) Water Well Constructor Certification SALEM, OREGON

I accept responsibility for the construction, deepening, 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

License Number: 1654 Date: 4-13-10

Signed: [Signature]

Contact Info. (optional):

LAKE 52253

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # 93331

START CARD # 19667S

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

(1) LAND OWNER Owner Well I.D. _____
 First Name W Last Name U
 Company WAKMONTIN Farms LLC
 Address PO Box 12
 City CHRISTMAS VALLEY State OR Zip 97641

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (repair/recondition) Abandonment

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
 Depth of Completed Well 420 ft.

BORE HOLE				SEAL			
Dia.	From	To	Material	From	To	Amount	Scks/lbs
9 1/4"	0	99	Cement	0	99	110	500
16"	99	290					
9"	290	420					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	1	99	290	.250	Y		X	
X		12"	80	290		.250	Y		X	

Shoe Inside Outside Other Location _____
 Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS AUG 17 2010
 Perforations Method _____
 Screens Type _____

**WATER RESOURCES DEPT
SALEM, OREGON**

Perf	Scrn	Casing	Linr	Screen Dia	From	To	Screen slot width	Slot length	# of slots	Tele/pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 3000+ Drawdown _____ Drill stem/Pump depth 420 Duration (hr) 1 hr

Temperature 52 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
 County Lake Twp 26 N or S Range 18 E or W W.M.
 Sec 8 NW 1/4 of the NW 1/4 Tax Lot 601
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street Address of Well (or nearest address) 60367 Milbank
NW CIVILIAN OR 97641

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>4-13-10</u>			<u>23'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>3-1-10</u>	<u>60</u>	<u>65</u>	<u>30 gpm</u>			<u>23'</u>
<u>4-11-10</u>	<u>160</u>	<u>300</u>	<u>1500</u>			<u>23'</u>
<u>4-13-10</u>	<u>350</u>	<u>420</u>	<u>3000+</u>			<u>23'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Clay	2	10
Blue clay	10	120
Black Sand	120	175
Gray Clay	175	200
Black Sand	200	300
Brown Clay/Hard	300	302
Reddish Brown Clay	302	340
with gravel		
Brown Clay	340	360
Gravel	360	390
Brown Clay	390	400
Perlite and clay	400	420

Date Started 3-28-10 Completed 4-13-10

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, alteration, or abandonment of this well is in compliance with Oregon water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.
 License Number _____ Date _____
 Signed _____

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
 License Number 1654 Date 4-13-10
 Signed _____
 Contact Info. (optional) _____

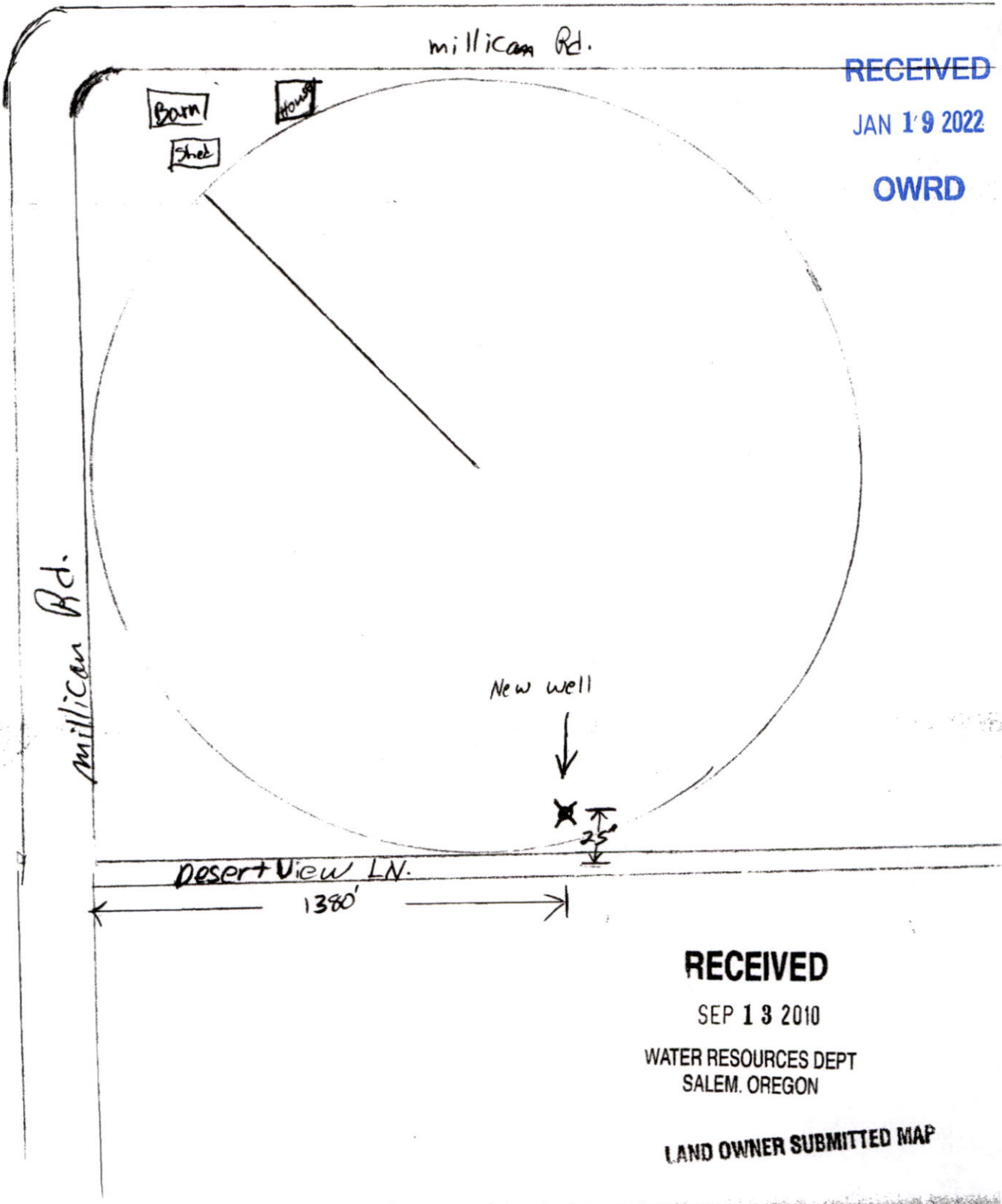
Tax ~~LAKE 52253~~ 601

Address of house 60367 millican Rd.

Well log # Lake 52253

Well tag L-93331

Section 8 Township 26 S. R. 18 E. W.M.
Lake co. OR.



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SEP 13 2010

WATER RESOURCES DEPT
SALEM, OREGON

LAND OWNER SUBMITTED MAP

WATER WELL REPORT
STATE OF OREGON

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JUL 17 1984

MAY 23 1984

State Well No. 345/18E-356

State Permit No. abandoned

WATER RESOURCES DEPT
SALEM, OREGON

Lake 1689

1) OWNER:

Name Robert I. Stock #077
Address 37990 Gulley RD
City Scio State ore

(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
Rotary Mud Dug
 Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other
Thermal: Withdrawal Reinjection

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded
1 1/4" Diam. from 14 ft. to 19 ft. Gauge 8.5
" Diam. from _____ ft. to _____ ft. Gauge _____

LINER INSTALLED:

" Diam. from _____ ft. to _____ ft. Gauge _____

(6) PERFORATIONS:

Perforated? Yes No
Type of perforator used _____
Size of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ 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
a pump test made? Yes No If yes, by whom?
_____ gal/min. with _____ ft. drawdown after _____ hrs.
" _____ gal/min. with _____ ft. drawdown after _____ hrs.
Air test _____ gal/min. with drill stem at _____ ft. _____ hrs.
Bailer test _____ gal/min. with _____ ft. drawdown after _____ hrs.
_____ g.p.m.
_____ Depth artesian flow encountered _____ ft.
Temperature of water _____

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used Cement
Well sealed from land surface to 19 ft.
Diameter of well bore to bottom of seal 18 in.
Diameter of well bore below seal 14 in.
Number of sacks of cement used in well seal 10 sacks
How was cement grout placed? pressure grouted
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:

County LAKE Driller's well number _____
Tax Lot # NW 1/4 1/4 Section 35 T. 34 R. 18E W.M. _____
Address at well location: 20 miles NE of Christmas Valley ore

(11) WATER LEVEL:

Completed well. rock all the way
Depth at which water was first found don't know how low tube ft.
Static level don't know feet below land surface. Date _____
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 14 ft. Depth of completed well 780 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
<u>3rd of BROWN</u>	<u>0</u>	<u>4</u>	
<u>BROWN LAVA ROCK</u>	<u>14</u>	<u>19</u>	
<u>BROWN CINDER</u>	<u>19</u>	<u>26</u>	
<u>BROWN LAVA ROCK</u>	<u>26</u>	<u>40</u>	

No cutting come out from 70 ft down. On down to 280 ft I sent in the other well log telling you about the well casing the cutting I just left the casing and drilled to 40 ft. 3 inch 14 in. pipe 70 ft. already 280 ft. dug.

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Work started 4/19 1984 Completed 4/26 1984
Date well drilling machine moved off of well 4/26 1984

(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] Mel Search Date: 5/16, 1984

Bonded Water Well Constructor Certification:
Bond VI 14368 Issued by: NW BONDING, CO
(number) (Surety Company Name)
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name NEL SEARCH WELL DRILLING
(Person, firm or corporation) (Type or print)
Address 30060 S. Union Hwy. LEBANON, ORE
[Signed] Mel Search
Water Well Constructor
Date 5/16, 1984

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*45292-690

RECEIVED 1689 RECEIVED

WATER WELL REPORT
STATE OF OREGON

MAY 23 1984

APR 16 1984

State Well No. 345/18E-35b

SEE Lake 1689

WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER:

Name Robert L. Stockhoff
Address 37990 Hilkey RD
City Seiad State OR

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon Temporary

(3) TYPE OF WELL:

Rotary Air Driven Domestic Industrial Municipal
Mud Dug Irrigation Test Well Other
 Bored Thermal: Withdrawal Reinjection

(5) CASING INSTALLED:

Steel Plastic
Threaded Welded
Diam. from ... ft. to ... ft. Gauge ...

LINER INSTALLED:

Diam. from ... ft. to ... ft. Gauge ...

(6) PERFORATIONS:

Perforated? Yes No
Type of perforator used
Size of perforations in by in.
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.

(8) WELL TESTS:

Drawdown is amount water level is lowered below static level
a pump test made? Yes No If yes, by whom?
gal./min. with ft. drawdown after hrs.
Air test gal./min. with drill stem at ft. hrs.
Bailer test gal./min. with ft. drawdown after hrs.
Temperature of water Depth artesian flow encountered ... ft.

(9) CONSTRUCTION:

Special standards: Yes No
Well seal—Material used
Well sealed from land surface to ... ft.
Diameter of well bore to bottom of seal ... ft.
Diameter of well bore below seal ... ft.
Number of sacks of cement used in well seal
How was cement grout placed?
Was pump installed? 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:

County LAKE Driller's well number
N 1/4 1/4 Section 35 T. 34S R. 18E W.M.
Tax Lot # Lot Blk Subdivision
Address at well location: NE of church valley rd

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.
Static level ft. below land surface. Date
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing
Depth drilled 180 ft. Depth of completed well 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
SAND BROWN	0	4	
GRAY LAVA ROCK	4	19	
BROWN CINDERS	19	36	
BROWN LAVA ROCK	36	41	
BROWN CINDERS FINE	41	44	
GRAY LAVA ROCK	44	70	

my cutting bucket
I phoned you
in the office and they
said it was all right
18 in hole to 120 ft
6 in hole from 120
to 280

I do not know if there was any
water or account of the cutting
cutting was going with lava rock

Work started 3/16 1984 Completed 3/22 1984
Date well drilling machine moved off of well 3/23 1984

(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] Mel Search Date 4/8, 1984

Bonded Water Well Constructor Certification:

Bond VI 14368 Issued by: NW Building Co
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name MEL SEARCH WELL DRILLING
Address 30066 SANTIANY LEBANAN
[Signed] Mel Search
Water Well Constructor
Date 4/8, 1984

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WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

Jake 72

State Well No. 245/18E-35cd

State Permit No.

pg 1 of 2

SALEM, OREGON
(1) OWNER:

Name Bob Stuckhoff
Address 37990 Hillkey Rd. Scio Oregon 97374

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

1.1" Diam. from 0 ft. to 20 1/2 ft. Gage 1250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? Yes No.

Type of perforator used _____
Size of perforations in. by in.
perforations from ft. to 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

Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " " " "
" " " " " "
Bailer (test 400 gal./min.) with ft. drawdown after hrs.
Artesian flow g.p.m.
Temperature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used cement
Well sealed from land surface to 18 1/2 ft.
Diameter of well bore to bottom of seal 16 1/4 in.
Diameter of well bore below seal 12" - 9 in.
Number of sacks of cement used in well seal 11 sacks
How was cement grout placed? pressure grout
12" hole to 129'

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:

County Jake Driller's well number 50
SE 1/4 SW 1/4 Section Sec 35 T. 24 SR. 18 E W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found _____ ft.
Static level 81 ft. below land surface. Date May 30-79
Artesian pressure _____ lbs. per square inch. Date _____

(12) WELL LOG:

Diameter of well below casing 12" 8"
Depth drilled 462 ft. Depth of completed well 460 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
sandy top soil	0	1	
Red basalt	1	7	
Grey Brown rock	7	10	
Grey Brown hard Basalt	10	38	
Red lava	38	41	
Grey basalt	41	97	
Red lava	97	130	
Brown Grey rock	130	152	
Grey granitic	130	152	
Soft grey to brown sand	152	170	-44
Dark hard basalt	170	210	-44
Grey speckled brown	210	220	51
Black lava	220	224	-1
hard Basalt	224	232	
hard lava water bearing	232	236	+12
Grey hard lava basalt	236	265	29 (9)
Soft Grey lava type of green	265	285	-
hard rock grey	285	290	-
Green Clay	290	336	-

Work started May 26 19 79 Completed May 31 19 79
Date well drilling machine moved off of well May 31 19 79

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.
[Signed] Ston F Adams Date June 1, 1979
(Drilling Machine Operator)
Drilling Machine Operator's License No. 1302

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Name Lyle K. Adams (Type or print)
(Person, firm or corporation)
Address Rt 3 Box 122 Hillburo, Ore. 9712
[Signed] Lyle Adams
(Water Well Contractor)
Contractor's License No. 690 Date June 1, 1979

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The original and first copy of this report

shall be filed with the

WATER RESOURCES DEPARTMENT,

SALEM, OREGON, 97310

within 10 days from the date of well completion.

WATER WELL REPORT

STATE OF OREGON

(Please type or print)

(Do not write above this line)

State Well No.

245/18E-35cd

State Permit No.

pg 2 of 2

WATER RESOURCES DEPT

(1) OWNER:

Name *Bob Stockhoff*
Address *37990 Silkspy Rd*
Scio Oregon 97374

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon
If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
Cable Jetted
Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
Irrigation Test Well Other

CASING INSTALLED:

Threaded Welded

12" Diam. from 0 ft. to 30 ft. Gage 250
" Diam. from ft. to ft. Gage
" Diam. from ft. to ft. Gage

PERFORATIONS:

Perforated? Yes No

Type of perforator used
Size of perforations in. by in.
perforations from ft. to 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

Was a pump test made? Yes No If yes, by whom?
Yield: gal./min. with ft. drawdown after hrs.
" " " " " " "
" " " " " " "
Ballor (test *400* gal./min.) with ft. drawdown after hrs.
Artesian flow g.p.m.
perature of water Depth artesian flow encountered ft.

(9) CONSTRUCTION:

Well seal—Material used *cement*
Well sealed from land surface to *18'* ft.
Diameter of well bore to bottom of seal *7 1/4"* in.
Diameter of well bore below seal *12" - 8"* in.
Number of sacks of cement used in well seal *11* sacks
How was cement grout placed? *pressure grout*
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:

County *Lake* Driller's well number *50*
SE 1/4 SW 1/4 Section 35 T.245 R.18E W.M.
Bearing and distance from section or subdivision corner

(11) WATER LEVEL: Completed well.

Depth at which water was first found ft.
Static level *81* ft. below land surface. Date *may 30*
Artesian pressure lbs. per square inch. Date

(12) WELL LOG:

Diameter of well below casing *12" 8"*

Depth drilled *462* ft. Depth of completed well *460* 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
<i>Black sand</i>	<i>335</i>	<i>342</i>	<i>1</i>
<i>Green claystone</i>	<i>342</i>	<i>367</i>	<i>1</i>
<i>hard rock</i>	<i>367</i>	<i>386</i>	<i>19</i>
<i>crems with dark sand</i>	<i>386</i>	<i>387</i>	<i>1</i>
<i>hard gray breccia</i>	<i>387</i>	<i>440</i>	<i>-53</i>
<i>Broken</i>	<i>440</i>	<i>474</i>	<i>-6</i>
<i>gray hard lava</i>	<i>444</i>	<i>457</i>	<i>-13</i>
<i>Brown soft claystone</i>	<i>457</i>	<i>459</i>	<i>1</i>
<i>very hard gray breccia</i>	<i>459</i>	<i>462</i>	<i>-3</i>
			<i>92</i>

12" hole to 129'

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Work started *may 26* 19 *79* Completed *may 31* 19 *79*
Date well drilling machine moved off of well *may 31* 19 *79*

Drilling Machine Operator's Certification:

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

[Signed] *Stan L Adams* Date *June 1* 19 *79*
(Drilling Machine Operator)

Drilling Machine Operator's License No. *1302*

Water Well Contractor's Certification:

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

Name *Lyle R. Adams*
(Person, firm or corporation) (Type or print)

Address *Box 122 X Kelleys Cove*
97123

[Signed] *Lyle R. Adams*
(Water Well Contractor)

Contractor's License No. *690* Date *June 1* 19 *79*

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JAN 13 2001

COMMUNICATIONS

RECEIVED

JAN 13 2001

COMMUNICATIONS