

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
WATER RESOURCES DEPT
SALEM, OREGON

WELL I.D. # L 49966
START CARD # 123794

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

(1) LAND OWNER City of Lone Rock Well Number # 1-2004
Name City of Lone Rock
Address Lone Rock Route
City Condon State OR Zip 97823

(9) LOCATION OF WELL by legal description:
County Gilliam Latitude _____ Longitude _____
Township S N or S Range 23 or W. WM.
Section 36 NE 1/4 SE 1/4
Tax Lot NA Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 2600 NORTH 100' WEST of SSE CORNER of SEC. 36

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

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 4-27-2004
Artesian pressure _____ lb. per square inch Date _____

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

(11) WATER BEARING ZONES:
Depth at which water was first found 54

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

From	To	Estimated Flow Rate	SWL
<u>54</u>	<u>58</u>	<u>5 gal.</u>	<u>45</u>
<u>92</u>	<u>126</u>	<u>15 gal.</u>	<u>45</u>

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 131 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
<u>16"</u>	<u>0 53</u>	<u>Cement</u>	<u>53 10</u>	<u>50 SKs.</u>	
<u>16"</u>	<u>0 10</u>	<u>Benonite</u>	<u>10 0</u>	<u>32 SK.</u>	
<u>12"</u>	<u>53 112</u>				
<u>8"</u>	<u>112 131</u>	<u>Silcasand</u>	<u>80 131</u>	<u>63 SKs.</u>	

How was seal placed: Method A B C D E
 Other Last 10' pour in Back site
Backfill placed from 0 ft. to 10 ft. Material Benonite
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(12) WELL LOG:
Ground Elevation _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>12"</u>	<u>+1</u>	<u>53</u>	<u>375</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>8"</u>	<u>+2</u>	<u>90</u>	<u>365</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6"</u>	<u>80</u>	<u>94</u>		<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"/>

Material	From	To	SWL
<u>Top Soil</u>	<u>0</u>	<u>5</u>	
<u>Red Clay Gravel</u>	<u>5</u>	<u>8</u>	
<u>Boulder Brk w/ Br Clay</u>	<u>8</u>	<u>21</u>	
<u>Boulders & Cobbles</u>	<u>21</u>	<u>39</u>	
<u>Brown Clay Boulders</u>	<u>39</u>	<u>52</u>	
<u>Yellow Sandstone</u>	<u>54</u>	<u>79</u>	<u>45</u>
<u>Yellow Sandstone/Clay</u>	<u>79</u>	<u>89</u>	
<u>Brown Sandstone</u>	<u>89</u>	<u>92</u>	
<u>Cemented Gravel</u>	<u>92</u>	<u>98</u>	
<u>Yellow + Brown Sandstone</u>	<u>98</u>	<u>102</u>	
<u>BR. Sandstone</u>	<u>102</u>	<u>106</u>	
<u>Boulders</u>	<u>106</u>	<u>110</u>	
<u>Yellow Sandstone</u>	<u>110</u>	<u>117</u>	<u>45</u>
<u>Boulder w Sandstone</u>	<u>117</u>	<u>126</u>	
<u>Yellow Clay Gravel</u>	<u>126</u>	<u>131</u>	

Drive Shoe used Inside Outside None
Final location of shoe(s) 53-12" - 80' 8"

Date started 4-4-2004 Completed 5-28-2004

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type 304 Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>94</u>	<u>26</u>	<u>20 slot</u>		<u>6"</u>	<u>6"</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(unbonded) Water Well Constructor Certification:

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 15 Drawdown 14 Drill stem at _____ Time 1 hr.

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.
Signed Jody Hand WWC Number 1669 Date _____

Temperature of water 52° 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: _____

(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.
Signed Jody Hand WWC Number 1669 Date _____