

RECEIVED
Lake 2493
 APR 17 1987

39S/20E-16bn

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

(1) OWNER:
 Name Town of Lakeview
 Address Town Hall
 City Lakeview State Oregon 97630

Owner's Well Number _____
WATER RESOURCES DEPT
SALEM, OREGON

(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 Production Well

(5) BORE HOLE CONSTRUCTION:
 Depth of Completed Well 400 ft.
 Special Standards date of approval _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	
12"	0 <u>190</u>	<u>Cement</u>	<u>0</u> <u>190</u>	<u>188 sacks</u>

How was seal placed? Method A B C D E
 Other Pumped Down

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 190 ft. to 400 ft. Size of gravel 2x16

(6) CASING/LINER:

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
		<u>12"</u>	<u>+3</u>	<u>280</u>	<u>.312</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>12"</u>	<u>380</u>	<u>400</u>	<u>.312</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type PS Material S. Steel

From	To	Slot size	Number	Diameter	Tube/pipe size	Casing	Liner
<u>280'</u>	<u>380'</u>	<u>.30</u>	<u>5</u>	<u>12"</u>	<u>12"</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Pumping level	Drill stem at	Time
<u>350GPM</u>	<u>210'</u>		<u>1 hr</u>
<u>350GPM</u>	<u>210'</u>		<u>48 hrs.</u>

Temperature of water 65* Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom no
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: 30' to 40'

(9) LOCATION OF WELL by legal description:
 County Lake Latitude _____ Longitude _____
 Township 39 Range 20 S N E or W WM.
 Section 16 NE ¼ NW ¼
 Tax Lot 600 Lot 3 Block 12B Subdivision C.V.L.
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
29 ft. below land surface. Date 3-26-87
 Artesian pressure _____ lb. per square inch. Date _____

(11) WELL LOG: Ground elevation _____

Material	From	To	WB?	SWL
Brown Clay	0	8		
Brown Clay-Coarse Sand	8	25		
Blue Clay	25	42		
Blue Clay W/Sand-Gravel	42	65		
Blue Clay/Some Sand	65	280		
Large Gravel	280	298		
Blue Clay	298	305		
Blue Silts/Fine Sand	305	420		

Date started Feb. 9-87 Completed March 30-87

(unbonded) Water Well Constructor Certification:
 I constructed this well in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed [Signature] Date Apr. 3-87

(bonded) Water Well Constructor Certification:
 I accept responsibility for construction of this well and its compliance with all Oregon water well standards. This report is true to the best of my knowledge and belief.
 Signed [Signature] Date Apr. 3-87
 Company Orvail Buckner Well Drill Job No. _____