

Amended per LO

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LAKE 3029

305/117  
HOC-8aa  
LAKE 3029

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

JUL - 1 1988

(1) OWNER:  
Name ROBERT OLSON  
Address P/O BOX 40  
City SUMMER LAKE State OR Zip 97640  
Well Number: 31564 #4

(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  
 Geothermal  Injection  Other FISH HATCHERY

(5) BORE HOLE CONSTRUCTION:  
Final Construction approval Yes  No   
Depth of Completed Well 310 ft.  
Explosives used  Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE Diameter	From		To		Material	SEAL		Amount sacks or pounds
	From	To	From	To		From	To	
16"	0	120	0	120	CEMENT	0	120	210 SACK
2"	120	245			GRIT			
8"	245	310						

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: 12"	0	160	25g	<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 \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian  
Yield gal/min 2100 Drawdown \_\_\_\_\_ Drill stem at \_\_\_\_\_ Time 1 hr.

Temperature of water 60 Depth Artesian Flow Found 245  
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: 7'

(9) LOCATION OF WELL by legal description:  
County LAKE Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
Township 30 N of S Range 16 E of W, WM.  
Section 8 NE 1/4 NE 1/4  
Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) SUMMER LAKE

(10) STATIC WATER LEVEL:  
\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
Artesian pressure 17 lb. per square inch. Date 4-15-88

(11) WATER BEARING ZONES:  
Depth at which water was first found 7 FT

From	To	Estimated Flow Rate	SWL
7'	8'		3'
245	310	2100	2'

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
SOIL BROWN SANDY	0	7	7'
CLAY - GREEN	7	53	7'
CLAY - TAN	53	245	2'
CINDERS - SAND, RED	245	246	2'
LAVA BOULDERS, LARGE	246	308	2'
CINDERS RED	308	310	2'

Date started 11-10-87 Completed 4-15-88

(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.  
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 well construction standards. This report is true to the best of my knowledge and belief.  
WWC Number 1262  
Signed F. J. Baker Date 6-24-88

# LAKE 3029

May 15<sup>th</sup>, 2014

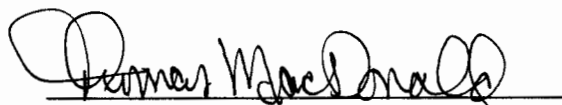
Oregon Water Resources Department  
Attn: Buffy Gillis  
725 Summer Street NE, Suite A  
Salem, OR 97301

Dear Ms. Gillis,

Below is a list of the correct locations of the wells therein identified. Well driller Tom Search sent your office the corrected well logs for LAKE 1507 and LAKE 52487. Schroeder Law Offices sent your office the corrected well logs for the remaining wells.

Well #	Well Log #	Township, Range, Section, Quarter-Quarter
Well 1	LAKE 3030	30 South, 17 East, Sec. 8 NE NW
Well 2	LAKE 1507	30 South, 17 East, Sec. 8 NE NW
Well 3	LAKE 4444	30 South, 17 East, Sec. 8 NE NW
Well 4	LAKE 3029	30 South, 17 East, Sec. 8 NE NW
Well 6	LAKE 52368	30 South, 17 East, Sec. 5 SW SE
Well 7	LAKE 52369	30 South, 17 East, Sec. 8 NE NW
Well 8	LAKE 52487	30 South, 17 East, Sec. 5 NW SE

Sincerely,



Thomas MacDonald  
Desert Springs Trout Farm

RECEIVED BY OWRD

MAY 19 2014

SALEM, OR

# LAKE 3029



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

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NOV 26 2019

OWRD

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

### I. OWNER INFORMATION

Current Owner Name (please print): Summer Lake Trout Farm Attn: Ethan Negus  
Mailing Address: PO Box 40  
City, State, Zip: Summer Lake, OR 97640  
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: 30 (North/South) Range: 17 (East/West) Section: 8 NE 1/4 of the NW 1/4  
Tax Lot (usually last 3-5 numbers of Tax Map #): 601 County Lake County  
GPS Coordinates: 42 59' 23.24" N 120 43' 55.76" W  
Street Address of Well, City: 48320 Desert Springs Rd Summer Lake  
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): Fish culture & Irrigation  
Date Well Constructed (or property built): 4-15-88 Total Well Depth: 310' Casing Diameter: 12"  
Owner at time the well was constructed (if known): Robert Olson Well Report # (if known): LAKE 3029  
Other Information: \_\_\_\_\_

SUBMITTED BY (please print): Ethan Negus  
PHONE: (541) 943-3192 EMAIL &/or FAX: ethan.negus@desertspringstroutfarm.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902.  
Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date: <u>11-26-19</u>	Well Report Number: <u>LAKE 3029</u>	Well Identification #: <u>L-137014</u>
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