

Amended per L0

RECEIVED LAKE 3030

30s/18E-8aa
LAKE 3030

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

JUL - 1 1988

(1) OWNER: WATER Well Number 0296
Name ROBERT OLSON
Address P/O BOX 40
City SUMMER LAKE State OR Zip 97640

(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
 Normal Injection Other FISH HATCHERY

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 296 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	60'	CEMENT GROUT	0	60'	160 SACKS
12"	60'	296'				

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:

Casing:	Diameter	From	To	Gauge	Steel				Plastic				
					Welded	Threaded	Welded	Threaded	Welded	Threaded			
	12"	+1.5	60	.25	<input checked="" type="checkbox"/>	<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"/>

Liner:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
				<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"/>

(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 241
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: 3'

(9) LOCATION OF WELL by legal description:
County LAKE Latitude _____ Longitude _____
Township 30 N of S Range 18 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 6-30-85

(11) WATER BEARING ZONES:
Depth at which water was first found 3 FT.

From	To	Estimated Flow Rate	SWL
241	296	2100	+1.5

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL - SANDY	0	3'	3'
CLAY - GREEN	3	45	3'
SAND - FINE BLACK	45	46	3'
CLAY - TAN	46	241	+1.5
CINDERS - SAND, RED	241	243	+1.5
LAVA BOULDERS	243	295	+1.5
CINDERS - SAND, RED	295	296	+1.5

Date started 4-15-85 Completed 6-30-85

(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 1352
Signed Elopa Baker Date 6-24-88

LAKE 3030

May 15th, 2014

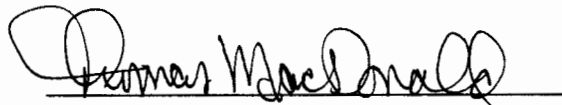
Oregon Water Resources Department
Attn: Buffy Gillis
725 Summer Street NE, Suite A
Salem, OR 97301

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 3030

OREGON 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

RECEIVED

NOV 26 2019

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 **OWRD**
 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' 22.99" N 120 43' 55.70" 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): 6-30-85 Total Well Depth: 296' Casing Diameter: 12"
 Owner at time the well was constructed (if known): Robert Olson Well Report # (if known): LAKE 3030
 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:

11-26-19

Well Report Number:

LAKE 3030

Well Identification #:

L-137013