LAKE 3105

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WATER RESOURCES DEPT
SALEM, OREGON

27S/18E/12b
SC 2311

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

Well Number:

(1) OWNER:
Name Joe Wade
Address PO Box 571
City Christmas Valley State Or Zip 97641

(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

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

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
14"	0	91	cement	0	91	~~40~~ 99
9"	91	280				
8"	280	340				

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	1ft	91	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:
☐ Perforations Method
☐ Screens Type Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1500		340	1 hr.

Temperature of water ____ 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 27 S N or S, Range 18E E or W, WM.
Section 12 E ½ of NW ¼
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) alice lane Christmas Valley Or

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 4/27-87
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 276

From	To	Estimated Flow Rate	SWL
270	277	800	20

(12) WELL LOG:
Ground elevation ____

Material	From	To	SWL
CLAY BROWN	0	2	20
BROWN CLAY STONE	2	37	
[redacted]	[redacted]	[redacted]	
BLACK STONE	[redacted]	[redacted]	
	37	270	
BLACK STONE BROKEN	270	277	WB
LAVA ROCK BROWN	277	280	WB
& PUMICE			
LAVA ROCK BROWN	280	320	
LAVA ROCK BLACK	320	340	WB
& BROKEN & cavity			
12 in hole 91 TO 280			
8 in hole 280-340			

Date started 4/20/89 Completed 4/23/89

(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.
Signed Mel Search WWC Number ____ 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.
Signed Mel Search WWC Number 167 Date 4/26/89

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