

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

**LAKE**  
**4025**

AUG 6 1990

WATER RESOURCES DEPT.  
 SALEM, OREGON

39S/24E/2166

(START CARD) # W-14779

**(1) OWNER:**

Well Number: 14779  
 Name Lake County Cemetary District  
 Address 928 Millview  
 City Lakeview State OR Zip 97630

**(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  Yes  No  
 Depth of Completed Well 120 ft.  
 Explosives used   Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	20	Cement	0	20	9 sacks
6	20	120				

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
				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Casing: 6"	0	100	.25	<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 Torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
70	100	1/8X6	210			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
15+	4 ft.	100	1 hr.

Temperature of water 50 ° 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 No  
 Depth of strata: \_\_\_\_\_

**(9) LOCATION OF WELL by legal description:**

County Lake Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 Township 39S Nor S, Range 24E E or W, WM.  
 Section 21 NW 1/4 NW 1/4  
 Tax Lot None Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) Hwy 140 East  
Adel Cemetary

**(10) STATIC WATER LEVEL:**

55 ft. below land surface. Date 7/28/90  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 70 ft.

From	To	Estimated Flow Rate	SWL
70	98	15+	55

**(12) WELL LOG:**

Ground elevation 4480

Material	From	To	SWL
Sandy loam top soil	0	2	
Brown clay	2	35	
Medium gravel	35	36	
Brown clay	36	50	
Gray sticky clay	50	70	
Black coarse sand w/small round gravel	70	98	55
Sticky blue gray clay	98	106	
Coarse black sand	106	120	

Date started 7/25/90 Completed 7/28/90

**(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 766  
 Signed Loren L. Lawrence Date 7/28/90