

#12

FEB 27 1991

LAKE 4070

36S/24E/21 db

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

WATER RESOURCES DEPARTMENT
STATE OF OREGON

(START CARD) # 27913

(1) OWNER: Well Number: _____
Name Lynch Bros
Address 126 South F. St
City Lakeview State Or Zip 97637

(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 235 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Material	Amount	
Diameter	From To	From	To		sacks	pounds
20"	0	22'	22'	Portland	0	27
14"	22	235		Cement		

How was seal placed: Method A B C D E
 Other Pumped w/trimmie
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"	+2	112	.250	<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 sheets: _____

(7) PERFORATIONS/SCREENS:
 Perforations Method Factory perfect
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
32	112	1/8	80	3"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 400 Drawdown 0 Drill stem at 95 Time 4 hr.

Temperature of water 48° 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 36S N or S. Range 24E E or W, WM.
Section 21 NW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) None

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 2-20-91
Artesian pressure 0 lb. per square inch. Date 2-20-91

(11) WATER BEARING ZONES:
Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	215		28

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandy Clay	0	28	
Wet Clay & Gravel	28	40	
Clay & Gravel	40	85	
W/B Gravel	85	112	
Clay Basalt	112	148	
W/B Broken Basalt	148	152	
Grey Basalt	152	165	
Grey Basalt w/b & broken & Red in some places	165	216	
Hard Grey Basalt	216	235	

Date started 1-22-91 Completed 2-20-91

(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 Robert Beckner WWC Number 1385 Date 2/26/91

(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 Robert Beckner WWC Number 1385 Date 2/26/91