

#12

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40S/19E/30b

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

MAY 8 1991

(START CARD) # W-28663

LAKE
4099

WATER RESOURCES DEPT
SALEM, OREGON

(1) OWNER: Well Number: _____
Name JOHN CONROY
Address HC 60 BOX 3300
City LAKEVIEW State OR Zip 97630

(9) LOCATION OF WELL by legal description:
County LAKE Latitude _____ Longitude _____
Township 40 S N or S. Range 19 E E or W, WM.
Section 30 SE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

HOLE SEAL

Diameter	From	To	Material	From	To	Amount
16"	0	20'	CEMENT	0	20'	28 SACKS
12"	20'	465'				

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		<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"/>

(7) PERFORATIONS/SCREENS:
 Perforations Method FACTORY LOUVER
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telo/pipe size	Casing	Liner
40	160	1/8" - 3"				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 825 Drawdown 50' Drill stem at 100' Time 91 hr.

Temperature of water 64.2 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: _____

(10) STATIC WATER LEVEL:
19' 6" ft. below land surface. Date 4/17/91
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
105'	122'	100 GPM	18' 6"
130'	135'	100 GPM	"
157'	162'	50 GPM	"
386'	396'	650 GPM	"

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL LOAM	0	10	18' 6"
SAND GRAVEL	10	30	
GREEN CLAY + SAND	30	105	
SAND GRAVEL	105	122	
GRAY CLAY	122	130	
SAND GRAVEL	130	135	
SAND CLAY	135	157	
SAND FINE GRAVEL	157	162	
TAN CLAY SAND	162	215	
GREEN CLAY	215	300	
BLACK CLAY SAND	300	386	
LOOSE SAND GRAVEL	386	396	
SAND + CLAY	396	415	
SAND + GRAVEL	415	435	
GREEN CLAY GRAVEL	435	450	
SAND GRAVEL	450	465	18' 6"

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WATER RESOURCES DEPT

Date started 2/20/91 SALEM, OREGON 4/17/91

(unbonded) Water Well Constructor Certification:
I certify that the work 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 _____ 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 John O. Conroy WWC Number _____
Date 4/19/91