

12 Rec'd 11-02-92 Hand Delivered STATE OF OREGON WM#12

LAKE 4143 40S/19E/366

WATER WELL REPORT
(as required by ORS 537.765)

BOUD - 3697-2708

(1) OWNER: Well Number: _____
Name SAMUEL R FARR
Address HC 60 BOX 4710
City LAKE VIEW 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 Depth of Completed Well 356 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12"	0 356	CEMENT	0 22	31

How was seal placed: Method A B C D E Pumped
 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	140'	14"	<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 _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
25	140	1/4x6	4			<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
1000	26		1 hr.

Temperature of water 55 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: 21'

(9) LOCATION OF WELL by legal description:
County Lake Latitude _____ Longitude _____
Township 40S N or S, Range 19E W or W, WM. WM
Section 3 NE 1/4 NE 1/4
Tax Lot 1001 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
21 ft. below land surface. Date 6/26/92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
21'			

(12) WELL LOG: Ground elevation 4800

Material	From	To	SWL
HARD PAN	0	18	
SAND	18	50	
BLUE CLAY	50	70	
SAND	70	110	
BLUE CLAY + SAND	110	340	
GRAVEL	340	356	

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NOV - 6 1992
WATER RESOURCES DEPT
SALEM, OREGON

Date started 2-15-92 Completed 6/26/92

(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 Samuel Farr WWC Number _____
Date 10/20/92

(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 _____ WWC Number _____
Date _____