

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

Handwritten: LAKE 4948

MAR 23 1992

Handwritten: 40s/19E/30ab
28889

WATER RESOURCES DEPARTMENT #

(1) OWNER:

Name OTIS Mobley Well Number: 2
 Address HC 60 Box 3250
 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 Depth of Completed Well 780 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	50	CEMENT	0	50	50
12"	50	580				
8"	580	780				

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:

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 12"		0	140	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 10"		130	580	2.50	<input checked="" 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
60	140	1/8				<input checked="" type="checkbox"/>	<input type="checkbox"/>
150	580	1/4				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 800 Drawdown 120' Drill stem at _____ Time 6 hr.

Temperature of water 58 Depth Artesian Flow Found N/A
 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 40S Nor S. Range 19E E or W. WM.
 Section 30 NW NE
 Tax Lot 6000 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

28' ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
47	82		
100	140		
432	530		
555	587		

(12) WELL LOG:

Material	From	To	SWL
TOP SOIL	0	3	0
CLAY, GREEN	3	47	0
SAND & GRAVEL	47	82	18
CLAY, GREEN	82	100	18
SAND & GRAVEL, COARSE	100	140	18
CLAY, GREEN	140	182	18
SAND & GRAVEL	182	530	18
CLAY, GREEN	530	555	18
SAND & GRAVEL	555	587	18
CLAY, GREEN	587	645	18
SAND & GRAVEL	645	660	18
CLAY, GREEN	660	700	18
SAND & GRAVEL	700	780	18

Date started 3-21-91 Completed 12-30-91

(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 LANDOWNER 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 Otis Mobley WWC Number _____ Date 2-3-92

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

Lake
4148

FEB - 5 1992

40s/19E/30db

(START CARD) # 28889

(1) OWNER: Well Number: 2
 Name OTIS Mabley
 Address HC 60 Box 3250
 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 Depth of Completed Well 780 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	50	CEMENT	0	50	50
12"	50	580				
8"	580	780				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel				Plastic		Welded		Threaded	
					Steel	Plastic	Welded	Threaded	Steel	Plastic	Welded	Threaded		
Casing: 12"	1 1/4	140	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 10"	1 3/8	580	250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Temperature of water 58 Depth Artesian Flow Found N/A
 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 40S N or S. Range 19E E or W, WM.
 Section 30 NW 1/4 NE 1/4
 Tax Lot 6006 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
28' ft. below land surface. Date _____
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
47	82		
100	140		
182	530		
555	587		

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
TOP SOIL TOP SOIL	0	3	0
CLAY, GREEN	3	47	0
SAND & GRAVEL	47	82	18
CLAY, GREEN	82	100	18
SAND & GRAVEL, COARSE	100	140	18
CLAY, GREEN	140	482	18
SAND & GRAVEL	482	530	18
CLAY, GREEN	530	555	18
SAND & GRAVEL	555	587	18
CLAY, GREEN	587	645	18
SAND & GRAVEL	645	660	18
CLAY, GREEN	660	700	18
SAND & GRAVEL	700	780	18

Date started 3-21-91 Completed 12-30-91

(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 LANDOWNER 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 Otis Mabley WWC Number _____ Date 2-3-92