

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

LAKE RECEIVED
 4182
 JUN - 2 1992

28s/14e/13dd

(START CARD) # 33138

(1) OWNER:
 Name Lawrance & Marjorie Iverson
 Address Box 97
 City Silver Lake State Or. Zip 97638

(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 150' ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
21"	0	150	cement	0	30'	37 sacks

How was seal placed: Method A B C D E
 Other pumped via tremie

Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from 30' ft. to 150' ft. Size of gravel 3/4 min.

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: 14"	+2	150	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 shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method factory
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
32'	150	1/8	3500	14"		<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	75'	145'	1 hr. 4hrs.

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: _____

(9) LOCATION OF WELL by legal description:
 County Lake Latitude _____ Longitude _____
 Township 28s N or S. Range 14e E or W. WM.
 Section 13 S.E. 1/4 S.E. 1/4
 Tax Lot 1300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Box 97 Silver Lake Or.

(10) STATIC WATER LEVEL:
22' ft. below land surface. Date 5-30-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 42'

From	To	Estimated Flow Rate	SWL
42'	145'	1000	42'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	4	
Sand & Medium gravel	4	15	
yellow sticky clay	15	42	42'
coarse sand medium gravel	42	113	"
medium to fine gravel	113	145	"
hard basalt	145	150	"

Date started 5-19-92 Completed 5-30-92

(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 _____ Date _____ WWC Number _____

(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 Curt Clausen Date 5-30-92 WWC Number 741