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

LAKE  
4202

JUL 23 1992

WATER RESOURCES DEPT.  
SALEM, (START CARD) # 42582

(1) OWNER: Well Number \_\_\_\_\_  
Name John S Yocum  
Address P.O. Box 807  
City Atascadero State Calif Zip 93423

(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 300 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	1'	200'	gravel frame	20'	25'	
			cement	1'	20'	20 sack

How was seal placed: Method  A  B  C  D  E  
 Other pipe in bottom fill to top  
Backfill placed from 20 ft. to 25 ft. Material Sand & crushed rock  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
10"	1'	200'	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>
				<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: \_\_\_\_\_

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS:

Perforations Method torch slots  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40'	200'	3/16"	25	10"		<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"/>

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40	0		1 hr.
800	45'	170'	

Temperature of Water 58° 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 39 N or S Range 19 E or W. WM.  
Section 29 1/4 1/4  
Tax Lot 105 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) HC 60  
Box 1860 County road 1-11

(10) STATIC WATER LEVEL:  
35 ft. below land surface. Date 7-15-92  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation \_\_\_\_\_

Material	From	To	SWL
Soil	1	3	
hard pan	3	15	
clay sand	1	12	
sandy loam		30	
course sand & clay		15	
blue fine sand clay		15	
sticky blue clay		10	
sand clay		5	
course sand		10	
sand clay		10	
course sand		10	
green clay & sand		20	
blue clay		10	
sand & clay		15	
green clay fine sand		5	
course sand		5	
fine & heavy sand clay mix		10	
fine sand & clay		13	
mixed sand		20	
sandy clay mix		20	
sandy clay mix		25	
fine & coarse sand clay mix		20	

Date started 7-2-92 Completed 7-15-92

(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.  
WWC Number \_\_\_\_\_  
Signed \_\_\_\_\_ 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.  
WWC Number \_\_\_\_\_  
Signed John T. Yocum Date 7-20-92