

12

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

LAKE 4310
RECEIVED
JAN 24 1994

29S/18E/31ac
61225
(START CARD) #

WATER RESOURCES DEPT.

(1) OWNER:

Name BOB DUNN
Address 5195 Shendery Way
City Marion State OR Zip 97688

Well Number

SALEM, OREGON

(9) LOCATION OF WELL by legal description:

County LAKE Latitude _____ Longitude _____
Township 29S N or S. Range 18E E or W. WM. _____
Section 31 SW 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7 miles South of Summer Lake Store

(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 31.5 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
12"	0 149	Cement	0 149	70 Sacks	
6"	149 365				

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:	8"	1+	149	250	☒	☐	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☒ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500			1 hr.

Temperature of Water 62 Depth Artesian Flow Found 308

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:

_____ ft. below land surface. Date _____
Artesian pressure 2 lb. per square inch. Date 12-20-93

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
15'	17'	2.5 gal/min	83

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
CLAY & SAND BROWN	0	3	
BROWN STONE	3	15	
BROWN STONE & SAND	15	60	
BLUE STONE	60	80	
WHITE SEDIMENTARY ROCK	80	110	
BROWN STONE	110	140	
WHITE SEDIMENTARY ROCK	140	155	
BROWN LAVA ROCK	155	167	
BROWN CINDERS	167	189	
BROWN BASALT	189	265	
BROWN CINDERS	265	273	
BROWN LAVA ROCK	273	318	
BROWN & GRAY CINDERS	318	342	
GRAY LAVA ROCK BROKEN	342	365	

Date started 11-30 Completed 12-30-93

(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. This report 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 Melvin Search WWC Number 567
Date 12-23



Oregon Water Resources Department LAKE 4310
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Ernest Duane & Dixie Rae Shuffield / Chaylon Duane & Amber Lee Shuffield

Mailing Address: P.O. Box 85

City: Summer Lake State: Oregon Zip: 97640

Mailing Address (to send Well I.D.): P.O. Box 85

City: Summer Lake State: Oregon Zip: 97640

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: _____ (North/South) Range: _____ (East/West) Section: _____

Tax Lot: _____ County: _____ 1/4 _____ 1/4

Street Address of Well: _____ City: _____

Owner at time the well was constructed, (if known): _____

If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____

Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____

Other Information: _____

SUBMITTED BY (please print): Chaylon Duane Shuffield

PHONE: 541.207.2310 FAX: N/A

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date: _____

Well Log Number: _____

Well Identification #: _____

LAKE 4310

U-108369