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LAKE 4311

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WATER RESOURCES DEPT.
SALEM, OREGON

27S/18E/1aa

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

(START CARD) # 61228

(1) OWNER: Well Number
Name FLOWEREE FARMS INC
Address Christmas Valley
City State Or Zip 97641

(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 700 ft.
Explosives used ☐ Yes ☐ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Amount sacks or pounds
8	489	700	no casing add			

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:	No casing added				☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
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
1500		700	1 hr.

Temperature of Water 62 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 27S N or S. Range 18E E or W. WM.
Section 1 NE ¼ NE ¼
Tax Lot ____ Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 1 mile NORTH of Venu Ponte RANCH

(10) STATIC WATER LEVEL:
94.3 ft. below land surface. Date 1-3-94
Artesian pressure ____ lb. per square inch. Date ____

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

From	To	Estimated Flow Rate	SWL
deepen			

(12) WELL LOG:
Ground elevation

Material	From	To	SWL
GRAY Stone	489	625	
PUMICE	625	675	
FRACTURED ROCK BLACK	675	700	WB

Date started 12-24-93 Completed 1-3-94

(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 567
Signed Mel Search Date

ORIGINAL & FIRST COPY - WATER RESOURCES DEPARTMENT SECOND COPY - CONSTRUCTOR THIRD COPY - CUSTOMER 9809C 10/91