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LAKE 4324

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

APR - 6 1994

(START CARD) #

(1) OWNER:
Name Jim M Robinson
Address HC. 60 Box 4770
City Lakeview State Ore Zip 97630

WATER RESOURCES DEPT. LOCATION OF WELL by legal description:
Well Number: SALEM, OREGON LAKE
County LAKE Latitude _____ Longitude _____
Township 40 N or S. Range 19 E E or W. WM.
Section 10 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Co. RD 1-11-E

(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 405 ft.
Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Amount
14"	0	35	CEMENT	0	35	42 sacks or pounds

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
10"	43	300	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method MACHINED
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	300	1/8				<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
770	50'	140'	1 hr.
825	55'	140'	3 hr.
		140'	4 hr.

Temperature of water _____ Depth Artesian Flow Found _____
Was a water analysis done? Yes No 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:
2 ft. below land surface. Date 5-2-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 7 FEET

From	To	Estimated Flow Rate	SWL
7	9		7
52	260		2
310	405		2

(12) WELL LOG: Ground elevation 4800 ft.

Material	From	To	SWL
SOIL	0	7	0
SAND - BLACK, FINE	7	9	7
CLAY - GREEN	9	52	7
SAND - BLACK - FINE	52	84	2
SAND - COARSE	84	92	2
CLAY - GREEN	92	96	2
SAND - FINE	96	260	2
CLAY - TAN	260	310	2
SAND - FINE	310	400	2
GRAVEL - COARSE	400	405	2

Date started April 15, 1991 Completed June 12, 1992

(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 _____ 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 Jim M. Robinson WWC Number _____
Date 7-4-92