

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

OCT - 4 1994

WATER RESOURCE DEPT. (START CARD) #

395/19E/2000
41003

(1) OWNER:

Name DAN PARKER
Address HC 60 Box 1930
City LAKEVIEW State OR Zip 97630

Well Number

#3

SA EM, OREGON

(9) LOCATION OF WELL by legal description:

County LAKE Latitude _____ Longitude _____
Township 39S N or S. Range 19E E or W. WM. _____
Section 20 SE $\frac{1}{4}$ SE $\frac{1}{4}$ _____
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) HC 60
Box 1930 LAKEVIEW OR

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

HOLE		SEAL		Amount	
Diameter	From	To	Material	From	To
22	0	591	Concrete	0	20
					20 SLS

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 20 ft. to 591 ft. Size of gravel PEA GRAVEL

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	12 3/4	+1	591	250	☒	☐	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) 591 FEET

(7) PERFORATIONS/SCREENS:

☒ Perforations Method FACTORY
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
12 ROWS	20 FT.	SECTION		12 3/4		☒	☐
38 SLOTS	ROW	1/8 X 3		INCHES		☐	☐
130	-170		310-330			☐	☐
210	-230		480-580			☐	☐
250	-270					☐	☐

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing
☐ Artesian
Yield gal/min 1500 Drawdown 117 Drill stem at _____ Time 4 hr.

Temperature of Water 61°F Depth Artesian Flow Found INDETERMINATE
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 9/13/94
Artesian pressure 1 lb. per square inch. Date 9/13/94

(11) WATER BEARING ZONES:

Depth at which water was first found INDETERMINATE

From	To	Estimated Flow Rate	SWL
20	591	1500	

(12) WELL LOG:

Ground elevation _____		0 - 3	
BROWN CLAY <u>YELLOW MUD</u>		From	SWL
GREEN CLAY		12	37
BLACK CLAY		37	60
PUMICE		60	61
BLACK CLAY		61	112
GREEN CLAY		112	124
COARSE BLACK SAND		124	131
GREEN CLAY		131	150
SANDY WHITE CLAY / STRAWS SAND		150	164
GREEN CLAY		164	175
GRAY CLAY / STRAWS SAND		175	181
GRAY CLAY		181	210
PUMICE / STRAWS SAND		210	220
GRAY CLAY		222	254
GRAY CLAY / STRAWS SAND		254	262
GRAY CLAY		262	299
MEDIUM BLACK SAND		299	301
GRAY CLAY		301	320
GREEN CLAY / STRAWS SAND		320	330
GREEN CLAY		330	331
PUMICE		331	332
GREEN CLAY		332	333
MEDIUM BLACK SAND		333	334
GREEN CLAY		334	335
COARSE BLACK SAND		335	336
SANDY WHITE CLAY / STRAWS SAND		336	337
GREEN CLAY		337	338
SANDY WHITE CLAY / STRAWS SAND		338	339
GREEN CLAY		339	340

Date started 9/6/94 Completed 9/13/94

(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 601
Signed [Signature] Date 10/1/94