

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

MAY 3 1 1995

(START CARD) #

(1) OWNER

Name Ed Light
Address 4561 Star Pt
City Silver Lake State OR Zip 97138

(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 950 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
12 1/4"	285			
8"	840			

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:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s)

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele pipe size	Casing	Liner
						<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
1500		950	1 hr.

Temperature of Water 54 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 26S N or S. Range 15E E or W. WM. _____
Section 23 NE 1/4 NE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
BROWN LAVA ROCK	285	310	
BROWN STONE	310	325	
GRAY STONE	325	403	
GREEN STONE	403	429	
GRAY STONE	429	486	
BROWN STONE	486	496	
GRAY STONE	496	548	
GREEN STONE	548	640	
GRAY STONE	640	661	
GRAY LAVA ROCK & PUMICE	661	693	
BROWN STONE	693	740	
LAVA ROCK BROKEN	740	840	
BLUE BASALT	840	850	
GRAY BASALT	850	936	
BROKEN GRAY BASALT	936	938	WB
GRAY BASALT	938	950	

80 ft of drill stem
8" bit from 830 to 910
Drilled 8" hole out 12"
From 285 to 840

Date started 3-9-94 Completed 4-25-95

(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 Neil Search Date 5-5-95