

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

12
LAKE
4578

RECEIVED

JUN 26 1995

(START CARD) # 255/18E/300
71206

Instructions for completing this report are on the last page of this form.

(1) OWNER: Garyn Roth Well Number _____
Name _____
Address PO Box 358
City Christmas Valley State OR Zip 97641

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 590 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL				
Diameter	From To	Material	From To	Sacks or pounds		
<u>8 1/2</u>	<u>370</u> <u>590</u>					

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"/>

no casing added

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<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
<u>1500</u>		<u>590</u>	<u>1 hr.</u>

Temperature of water 55 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 25S N or S Range 18E E or W. WM. _____
Section 3 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
63 ft. below land surface. Date 5-28 95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Black Basalt</u>	<u>370</u>	<u>443</u>	
<u>GRAY BASALT</u>	<u>445</u>	<u>467</u>	
<u>BLACK BASALT BROKEN</u>	<u>467</u>	<u>471</u>	
<u>GRAY CLAY STONE</u>	<u>471</u>	<u>480</u>	
<u>BROWN CLAY STONE</u>	<u>480</u>	<u>505</u>	
<u>BROWN & BLACK BASALT</u>	<u>505</u>	<u>527</u>	
<u>BROWN GREEN CLAY STONE</u>	<u>527</u>	<u>545</u>	
<u>BLACK BASALT BROKEN</u>	<u>545</u>	<u>590</u>	<u>WB</u>

Date started 5-12 95 Completed 5-28 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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
WWC Number 567
Signed Melvin Search Date 6-10-95