

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

LAKE
5009S

APR 08 1996

WATER RESOURCES DEPT. (START CARD) # 71221
SALEM, OREGON

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

(1) OWNER: Well Number _____

Name Harold Mills
Address HC 84 Box 105
City Silver Lake State OR Zip 97368

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18"	0	90	Cement	0	90	55
9"	90'	144'				

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: 14"	+1	90	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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:

From	To	Slot size	Number	Diameter	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
190 gal		144'	1 hr

Temperature of water 57 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 27 N or S Range 15 E or W. WM.
Section 2 1/4 SW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 3-15-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL
35'	38'	25 gpm	20'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay Stone	2	10	
Green Clay	10	25	
Black Sand	25	35	w B
Brown Stone	35	50	
Granite	50	65	
Brown Stone	65	80	
Lava Rock	80	95	
Brown Lava Rock	95	120	
Red Sand	120	125	
Hard Basalt	125	130	
Brown Lava Rock	130	144	

Date started 3-8-96 Completed 3-15-96

(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 16541
Signed Thomson Date 4-4-96