

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

lake  
50397  
WELL ID # L08609

(START CARD) # 096605

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

(1) OWNER:

Well Number #2  
Name W.C. LAIRD RANCH  
Address P.O. BOX 13  
City PLUSH State OR Zip 97637

(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 \_\_\_\_\_ ft.

Explosives used ☐ Yes ☐ No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE SEAL

| Diameter | From | To | Material  | From | To | Sacks or pounds |
|----------|------|----|-----------|------|----|-----------------|
| 26       | 0    | 25 | Bentonite | 0    | 25 | 32 Sacks        |
|          |      |    |           |      |    |                 |
|          |      |    |           |      |    |                 |

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

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material NA

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel NA

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel                    | Plastic                  | Welded                   | Threaded                 |
|----------|------|----|-------|--------------------------|--------------------------|--------------------------|--------------------------|
| Casing:  |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       | <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"/> |
|          |      |    |       | <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  
Yield gal/min Drawdown Drill stem at Time

|  |  |  | 1 hr. |
|--|--|--|-------|
|  |  |  |       |
|  |  |  |       |

Temperature of water \_\_\_\_\_ 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 36S N or S Range 24E E or W. WM.  
Section 4 NW 1/4 NE 1/4  
Tax Lot 300 Lot 2 Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) County RD 3-10  
Well #2

(10) STATIC WATER LEVEL:

\_\_\_\_\_ ft. below land surface. Date \_\_\_\_\_  
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 4540

| Material            | From | To  | SWL |
|---------------------|------|-----|-----|
| Loose Sandy Topsoil | 0    | 12  |     |
| Cemented Clays      | 12   | 18  |     |
| Chalk               | 18   | 20  |     |
| Brown Clay          | 20   | 25+ |     |

THIS WAS A RESEAL OF AN  
EXISTING 14" DIAMETER IRRIGATION  
WELL AND EXTENSION OF  
CASING TO 12" ABOVE GRADE.  
EXISTING CASING NOT DISTURBED.

RECEIVED

APR 4 1997

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 3-8-97 Completed 3-14-97

(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 766  
Signed Lawrence L. Lunn Date 3-24-97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER