

STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

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

WELL I.D.# L08619

(START CARD) # W89763

(1) OWNER: Well Number _____
Name MR. ARTHUR LLOYD
Address HC 60 BOX 4100
City LAKEVIEW State OR Zip 97630

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12"	0	32	Bentonite	0	32	20 SACKS	
8"	32	182					

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:	8"	+1	182	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 182'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Factory perforations
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
104	117	1/2x2	212			☒	☐
130	139	1/2x2	160			☒	☐
163	168	1/2x2	78			☒	☐
						☐	☐
						☐	☐

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

☒ Pump	☐ Bailer	☐ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
384	12'	150	1 hr.
384	12'	150	2 HR

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom NO
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other NO
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County LAKE Latitude _____ Longitude _____
Township 40S N or S Range 19E E or W. WM.
Section 18 NE 1/4 SW 1/4
Tax Lot 5500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) County Rd 1-11E
2nd RD 1-12

(10) STATIC WATER LEVEL:

52 ft. below land surface. Date 10-20-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 93

From	To	Estimated Flow Rate	SWL
93	122	10	52
128	142	10	52
160	170	15	52
173		40	52

(12) WELL LOG:

Ground Elevation 4792

Material	From	To	SWL
Topsoil Loam	0	2	
Black clay & med gravel	2	5	
Brown clay & small gravel	5	34	
Black Basalt	34	41	
Brown clay	41	69	
Grey clay	69	93	
Coarse Black Sand w/med gravel	93	122	52
Fine Black Sand	122	128	
Small gravel w/Brown clay	128	142	52
Black Sand Stone	142	155	
Grey clay	155	160	
Multi colored/Black coarse Sand	160	170	52
Grey clay	170	173	
Black coarse Sand	173	182	52

Date started 10/14/97 Completed 10/20/97

(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 Leon Lucero Date 10-28-97