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WATER RESOURCES DEPT.
SALEM, OREGON

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

Lake 50895

WELL I.D. # L 30994
START CARD # 121947

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

(1) OWNER: Well Number _____
Name SUNNY LANIER
Address P.O. BOX 106
City CHRISTMAS VALLEY State OREGON 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 175 ft.
Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
11"	50	99	Portland Cement	50	99	45 SACKS
11"	0	50	Bentonite	0	50	40 SACKS
6"	99	175				

How was seal placed: Method ☐ A ☐ B ☑ C ☐ D ☐ E
☑ Other Poured 7/8" Hole plug From 0-50'
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:	6"	+1	99	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	NONE				☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
	NONE					☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
70+		150	1 hr.

Temperature of water 50° Depth Artesian Flow Found _____
Was a water analysis done? NO ☐ 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 ~~Nor~~ S Range 17 E ~~or W~~ WM.
Section 15A NW 1/4 NE 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) R+R TRAILER PARK
C.V. OREGON

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 7-12-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 165

From	To	Estimated Flow Rate	SWL
165	166	70+	15

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL SANDY BRN	0	2	
DIATOMITE	2	25	
CLAY GRAY	25	165	
PUMICE COURSE	165	166	15
CLAY GRAY	166	175	

Date started 7-9-99 Completed 7-12-99

(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 651
Signed Claude Blackman Date 7-12-99

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