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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 31121
START CARD # 118006

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

(1) OWNER:

Well Number _____

Name TIM PLECHET
Address PO Box 255
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 640 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
19"	0	60	Cement	0	60	70
14"	60	189				
10"	139	640				

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: 12"	0	139	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:

☐ Perforations Method _____
☐ Screens Type _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Temperature of water 53 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 26 N or S Range 17 E or W. WM.
Section 32 NE 1/4 SE 1/4
Tax Lot 350 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

44.6" ft. below land surface. Date 11-29-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
31	31 1/2	10 gal	
580	640	1200	44.6

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Shale	0	4	
Brown stone	4	31	
Brown clay with Amice	31	40	
Brown sand stone	40	187	
Sand plume w/ B	187	191	
Gray clay	191	207	
Green clay	207	231	
Gray clay	231	233	
Brown clay	233	243	
Gray clay with Amice	243	560	
Brown clay with Amice	560	585	
Gray clay	585	603	
Lava Rock BB hole	603	640	

Date started 20-29-99 Completed 11-12-99

(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 1654

Signed _____

Date 11-29-99