

LAKE 50960 FEB 18 2000

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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 22643
START CARD # 116480

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

(1) OWNER: Well Number _____
Name PERRY ELOIS PARMELIE
Address HC 60 Box 1992
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 350 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
18	0	40	Cement	0	40	58 SACKS
12	40	350				

How was seal placed: Method A B C D E
 Other _____
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from 40 ft. to 350 ft. Size of gravel 3/8"

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 10	1	350	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) 350

(7) PERFORATIONS/SCREENS:

Perforations Method SAWED SLOTS
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
198	350	1/8 x 3/4	3800			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
600	8'	200	1 hr.
400	8'	200	4 HR

Temperature of water 54° 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 NONE
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County LAKE Latitude _____ Longitude _____
Township 39 S N or S Range 19 E E or W. WM.
Section 22 NE 1/4 NW 1/4
Tax Lot 1400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Highway 140 west

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 1-12-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 70'

From	To	Estimated Flow Rate	SWL
70	320	1000	10'

(12) WELL LOG:
Ground Elevation 4850

Material	From	To	SWL
Sandy Top Soil	0	4	
Brown sandy clay	4	10	
Brown clay	10	35	
Blue clay	35	59	
Course Black sand	59	63	
Blue clay	63	70	
Fine Black sand	70	87	10
Sandy Blue clay	87	151	10
Black sand course	151	219	10
Black sand stone	219	275	10
Course Black sand	275	290	10
Black sand stone	290	320	10
Blue clay	320	350	10

Date started 11-12-99 Completed 1-14-00

(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 Louis L... Date 1-28-00