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STATE OF OREGON WATER SUPPLY WELL REPORT WATER RESOURCES DEPT. SALEM, OREGON

WELL I.D. # L 22621 START CARD # 116483

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

(1) OWNER: Well Number \_\_\_\_\_ Name MR. JACK FLYNN Address PO Box 27 City PLUSH State OR Zip 97637

(2) TYPE OF WORK [ ] New Well [ ] Deepening [X] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD: [ ] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Other

(4) PROPOSED USE: [ ] Domestic [ ] Community [ ] Industrial [X] Irrigation [ ] Thermal [ ] Injection [ ] Livestock [ ] Other

(5) BORE HOLE CONSTRUCTION: Special Construction approval [ ] Yes [X] No Depth of Completed Well 146 ft. Explosives used [ ] Yes [X] No Type \_\_\_\_\_ Amount \_\_\_\_\_

Table with columns: HOLE Diameter, SEAL From, To, Material, From, To, Sacks or pounds. Row 1: 13", 0, 159, Cement, 146, 159, 12 SACKS

How was seal placed: Method [ ] A [ ] B [X] 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: Table with columns: Diameter, From, To, Gauge, Steel, Plastic, Welded, Threaded. Rows for Casing and Liner.

Final location of shoe(s) \_\_\_\_\_

(7) PERFORATIONS/SCREENS: Table with columns: From, To, Slot size, Number, Diameter, Total pipe size, Casing, Liner.

(8) WELL TESTS: Minimum testing time is 1 hour. [X] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian. Yield gal/min 600, Drawdown 8.5, Drill stem at 140, Time 1 hr. 600, 8.5, 140, 4 HR.

Temperature of water 54° 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 21 NW 1/4 SE 1/4 Tax Lot 5000 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_ Street Address of Well (or nearest address) County RD 3-12

(10) STATIC WATER LEVEL: \_\_\_\_\_ ft. below land surface. Date 3-2-00 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES: Table with columns: From, To, Estimated Flow Rate, SWL.

(12) WELL LOG: Ground Elevation 4420

Table with columns: Material, From, To, SWL. Log entries: ORIGINAL START CARD # 27913, ORIGINAL RESEAL PERMIT # 102085, TO SEAL FROM 235' TO 159', FURTHER REVIEW BY W.R.D., REQUIRED SEALING FROM 159' TO 146', 1128 POUNDS OF CEMENT, TREMIED FROM 159' TO 146' ON FEB. 15, 2000, PUMP TEST CONDUCTED ON MARCH 4, 2000, WATER RIGHT PERMIT # G14957

Date started 2-15-00 Completed 2-15-00

(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.

Signed \_\_\_\_\_ WWC Number \_\_\_\_\_ 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.

Signed \_\_\_\_\_ WWC Number 766 Date 3-2-00