

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

WELL I.D. # L 39909  
START CARD # 118015

WATER RESOURCES DEPT.  
SALEM, OREGON

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

(1) OWNER: Well Number \_\_\_\_\_  
Name Ken Hamlington  
Address Box 6  
City Fort Rock State OR Zip 97735

(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 264 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Sacks or pounds	
Diameter	From	To	Material	From	To		
12 1/4"	0	239	Cement	20	239	Cement	140
8"	239	260		169	0	Bentonite	274

How was seal placed: Method  A  B  C  D  E  
 Other 3/8 Benton poured  
Backfill placed from 219 ft. to 169 ft. Material BENTONITE  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+1	239	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"/>

(7) PERFORATIONS/SCREENS:

Perforations		Method		Screens		Type		Material	
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner		
						<input type="checkbox"/>	<input type="checkbox"/>		

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

Yield gal/min	Drawdown	Drill stem at	Flowing	Time
<u>1200</u>		<u>260</u>	<input checked="" type="checkbox"/> Air <input type="checkbox"/> Artesian	<u>10</u>

Temperature of water 52 Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis performed 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 25 N or S Range 14 E or W. WM.  
Section 33 NW 1/4 NW 1/4  
Tax Lot 1100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address): \_\_\_\_\_

(10) STATIC WATER LEVEL:  
39 ft. below land surface. Date 2-23-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 28

From	To	Estimated Flow Rate	SWL
28	28	10 gpm	39
280	260	1200	

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
TOP SOIL	0	4	
Brown clay	4	24	
Gray claystone	24	28	
Black sand gravel	28	64	
Gray clay with sand	64	70	
Green clay	70	84	
Brown clay	84	105	
Green clay	105	110	
Brown clay	110	125	
Gray clay with sand	125	150	
Brown clay	150	164	
Black Black Lichen	164	170	
Gray clay	170	200	
Gray Basalt	200	240	
Brown Gray Basalt	240	260	

Date started 2-3-00 Completed 2-23-00

(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 1654 Date 2-23-00