

MAY 04 2000

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

LAKE
50980

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 38916
START CARD # 129633

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

(1) OWNER:

Name DON BOYLES Well Number _____
Address P.O. Box
City CHRISTMAS VALLEY State OR Zip 97664

(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 480 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
8"	410	480				

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:				☐	☐	☐	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

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

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

Yield gal/min	Drawdown	Drill stem at	Time
150		480	1 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 26 N or S Range 18 E or W. WM.
Section 23 1/4 1/4 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

23 ft. below land surface. Date 4-10-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
475	480	800 gpm	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Green Clay Stone	420	430	
Green Clay Stone	430	435	
Black Lava Rock	435	475	
Broken Lava Rock	475	480	

RECEIVED

SEP 06 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-6-00 Completed 4-10-00

(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 1654
Signed [Signature] Date 8-1-00