LAKE 51063

WELL I.D. # L _____

(1) LAND OWNER Well Number _____
Name DENNIS FLYNN
Address HC 64 - BOX 4600
City LAKEVIEW State OR Zip 97300

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

| HOLE Diameter | From | To | SEAL Material | From | To | Sacks or pounds |
|---|---|---|---|---|---|---|
| 10" | | | | | | |
| | | | | | | |
| | | | | | | |

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: | 5" | 0 | 150 | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| Liner: | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Drive Shoe used ☐ Inside ☐ Outside ☐ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☐ Perforations Method _____
☐ Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal/min | Drawdown | Drill stem at | Time |
|---|---|---|---|
| | | | 1 hr. |
| | | | |
| | | | |

Temperature of water _____ 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 38 S N or (S) Range 20E (E) or W. WM.
Section 1 NE 1/4 NE 1/4
Tax Lot _____ Lot 1 Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date _____
Artesian pressure FLOWING lb. per square inch Date 08-28-2000

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

| From | To | Estimated Flow Rate | SWL |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

(12) WELL LOG:
Ground Elevation _____

| Material | From | To | SWL |
|---|---|---|---|
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RECEIVED
NOV 20 2000
WATER RESOUCES DEPT.
SALEM, OREGON

Date started _____ Completed _____

SOURCE OF DATA/INFO Found in the Claim of Beneficial use and a Pump test that was provided.

COMPILED BY: B. Craig Kohanek

WELL INFORMATON REPORT