LAKE 51228

WATER RESOURCES DEPT SALEM, OREGON

NOV 02 2001

RECEIVED

FEB 03 2003

WATER RESOURCES DEPT SALEM, OREGON

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # L 47628

Lake 51228

START CARD # 118024

(1) OWNER: Well Number

Name Stan & Teri Rolfness

Address PO Box 83

City Christmas Valley State OR Zip 97641

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[X] 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 560 ft.

Explosives used [ ] Yes [X] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
19½	0	159	Cement	159	139	20 Sack
9"	159	560				

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[ ] Other 3/8 hole Plug

Backfill placed from 139 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:	14"	+1	159	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

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 [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2000		560	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 14 SW 1/4 NW 1/4

Tax Lot 202 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) Millican Rd & mile To Rolfess Ln go ½ mile

(10) STATIC WATER LEVEL:

33' ft. below land surface. Date 10-6-01

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 31½

From	To	Estimated Flow Rate	SWL
31	31½	10 gpm	15

RECEIVED

APR 07 2003

WATER RESOURCES DEPT. SALEM, OREGON

(12) WELL LOG:

Ground Elevation ____

Material	From	To	SWL
Top Soil	0	3	
Brown Clay	3	25	
Gray Clay	25	31	
Gray Stone with Black	31	45	wb
Gray Clay	45	55	
Brown Stone	55	110	
Gray Sand	110	120	
Gray Clay Stone	120	141	
Brn Clay	141	180	
Greenish Clay	180	209	
Black Sand	209	218	
Gray Stone	218	260	
Greenish Stone	260	320	
Gray Stone	320	487	
Broken Lava Rock	487	484	wb
Pumice	484	507	wb
Gray Stone	507	509	
Gray Basalt	509	530	
Pumice	530	534	wb
Gray Stone	534	560	

Date started 9-24-01 Completed 10-6-01

(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 ____ Date 10-13-01

ORIGINAL - WATER RESOURCES DEPARTMENT FIRST COPY - CONSTRUCTOR SECOND COPY - CUSTOMER

LAKE 51228

RECEIVED
FEB 03 2003
WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED
NOV 02 2001
WATER RESOURCES DEPT.
SALEM, OREGON

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

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

WELL I.D. # L 47628

START CARD # 118024

Lake 51228

(1) OWNER:
Well Number

Name Stan & Teri ROLFNESS

Address PO Box

City Christmas Valley State OR Zip 97641

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

(3) DRILL METHOD:
[X] 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 560 ft.

Explosives used [ ] Yes [X] No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
19 1/2	0	159	Cement	159	139	20 Sack
9"	159	560				

How was seal placed: Method [ ] A [ ] B [X] C [ ] D [ ] E

[ ] Other 38 hole plug

Backfill placed from 139 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:	14"	+1	159	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

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 [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2000		560	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 14 SW 1/4 NW 1/4

Tax Lot 202 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) ____

(10) STATIC WATER LEVEL:
33' ft. below land surface. Date 10-6-01

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 31 1/2

From	To	Estimated Flow Rate	SWL
31	31 1/2	10 gpm	15

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
TOP Soil	0	3	
Brown Clay	3	25	
Gray Clay	25	31	
Gray Stone with Pumice	31	45	WB
Gray Clay	45	55	
Brown Stone	55	110	
Gray Sand	110	120	
Gray Clay Stone	120	141	
Brn Clay	141	180	
Greenish Clay	180	209	
Black Sand	209	218	
Gray Stone	218	260	
Greenish Stone	260	320	
Gray Stone	320	487	
Broken lava Rock	487	489	WB
Pumice	489	509	WB
Gray Stone	509	509	
Gray Basalt	509	530	
Pumice	530	534	WB
Gray Stone	534	560	

Date started 9-24-01 Completed 10-6-01

(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 ____ Date 10-13-01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER

WATER RESOURCES DEPT. SALEM, OREGON

NOV 02 2001

RECEIVED

LAKE 51228

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

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

WELL I.D. # L 47628

START CARD # 116024

(1) OWNER: Well Number

Name Stan & Teri ROLFNESS

Address PO Box

City Christmas Valley State OR Zip 97641

(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 560 ft.

Explosives used ☐ Yes ☒ No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
19½	0	159	Cement	159	139	20 sack
9"	159	560				

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E

☐ Other 3/8 hole plug

Backfill placed from 139 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:	14"	+1	159	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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
2000		560	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 14 SW 1/4 NW 1/4

Tax Lot 202 Lot Block Subdivision

Street Address of Well (or nearest address)

(10) STATIC WATER LEVEL:

33' ft. below land surface. Date 10-6-01

Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found 31½

From	To	Estimated Flow Rate	SWL
31	31½	10 gpm	15

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
Top Soil	0	3	
Brown Clay	3	25	
Gray Clay	25	31	
Gray Stone with Rock	31	45	WB
Gray Clay	45	55	
Brown Stone	55	110	
Gray Sand	110	120	
Gray Clay Stone	120	141	
Brn Clay	141	180	
Greenish Clay	180	209	
Black Sand	209	218	
Gray Stone	218	260	
Greenish Stone	260	320	
Gray Stone	320	487	
Broken Lava Rock	487	489	WB
Pumice	489	507	WB
Gray Stone	507	509	
Gray Basalt	509	530	
Pumice	530	534	WB
Gray Stone	534	560	

Date started 9-24-01 Completed 10-6-01

(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 Date 10-13-01

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER