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

JUN 17 2002

WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D. # L 53585
START CARD # 118028

(1) OWNER:

Name Stan Rol FMISS Well Number _____
Address PO Box 83
City CHRISTMAS Lake 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 340 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
19"	0	182	Cement	182	340	50 sack
14"	182	340	Ben	25	0	261 sack

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

☐ Other 3/8" Hole Plug

Backfill placed from 102 ft. to 25 ft. Material 3/8" Ben

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 14"	+1	182	.250	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
☐ Perforations	Method _____							☐	☐
☐ Screens	Type _____							☐	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
2500 gal		340	1 hr.

Temperature of water 55 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 16 1/4 1/4
Tax Lot 520 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 84942

ROLF'S Point Ln CHRISTMAS Lake OR 97641

(10) STATIC WATER LEVEL:

34 ft. below land surface. Date 5-17-02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 37

From	To	Estimated Flow Rate	SWL
37	372	10 gal	15

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sandy top soil	0	3	
Brown clay	3	22	
Discontinuation Earth	22	37	
Black sand	37	54	
Green clay	54	122	
Black sand Pumpel	122	138	
Red Black sand	138	150	
Gray clay	150	160	
Brown clay	160	200	
Gray clay	200	230	
Brown loam clay w/B	230	260	
Gray clay	260	300	
Gray clay Pumpel	300	340	

Date started 4-27-02 Completed 5-17-02

(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 [Signature] WWC Number 1654 Date 6-10-02