

LAKE
51277STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)WELL I.D. # L 53588
START CARD # 118018

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

(1) OWNER:

Name Gene Porter Well Number _____
Address HC 84 Box 100
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 350 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

| Diameter | From | To | Material | From | To | Sacks or pounds |
|----------|------|-----|----------|------|----|-----------------|
| 14" | 0 | 114 | Grout | 114 | 80 | 25 Sack |
| 10" | 114 | 350 | Ben | 25 | 80 | 33 Sack |

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☐ Other _____Backfill placed from 80 ft. to 29 ft. Material 358 tele. 199

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

(6) CASING/LINER:

| Diameter | From | To | Gauge | Steel | Plastic | Welded | Threaded |
|-------------|------|-----|-------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| Casing: 14" | 11 | 114 | 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"/> |

Final location of shoe(s) _____

(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"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

SEARCH DRILLING, INC.
THOMAS W. SEARCH
PO BOX 395
CHRISTMAS VALLEY, OR 97641
541-578-2188

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

☐ Pump☐ Bailer☒ Air☐ Flowing
☐ Artesian

Yield gal/min

Drawdown

Drill stem at

Time

1900 gal3501 hrTemperature of water 52 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 27 N or S Range 15 E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot 1, 2, 3 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 57703 Fort Road
PO Box 395 Christmas Valley, OR 97641

(10) STATIC WATER LEVEL:

22 ft. below land surface. Date 5-20-02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 48

| From | To | Estimated Flow Rate | SWL |
|-----------|---------------|---------------------|-----------|
| <u>48</u> | <u>48 1/2</u> | <u>10 gpm</u> | <u>22</u> |
| | | | |
| | | | |
| | | | |

RECEIVED

JUN 17 2002

(12) WELL LOG:

Ground Elevation _____

WATER RESOURCES DEPT
SALEM, OREGON

| Material | From | To | SWL |
|------------------|------|-----|-----|
| Sand | 0 | 3 | |
| Sandy clay | 3 | 14 | |
| Black sand fine | 14 | 33 | |
| Green clay | 33 | 48 | |
| Fine green clay | 48 | 51 | |
| Green clay | 51 | 87 | |
| Gray clay stone | 87 | 127 | |
| Gray clay | 127 | 158 | |
| Black sand stone | 158 | 160 | |
| Gray clay | 160 | 190 | |
| Brown clay | 190 | 200 | |
| Gray clay | 200 | 225 | |
| Green clay | 225 | 230 | |
| Gray clay | 230 | 242 | |
| Brown clay | 242 | 260 | |
| Gray clay stone | 260 | 290 | |
| Black sand stone | 290 | 305 | |
| Gray Basalt | 305 | 350 | |

Date started 5-17-02 Completed 5-20-02

(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.

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 165Signed Thomas W. SearchDate 6-10-02