

LAKE
51302STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)WELL I.D. # L 53610
START CARD # 144706

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

(1) OWNER:

Well Number _____

Name Dave Pick
Address Po Box 130
City FORT ROCK State OR Zip 97713

(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 260 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE

SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
16"	0	59	Cement	59	40	10 Sack
12"	59	260	Dr	25	0	

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E☒ Other Three Pours Ben of Side PlugBackfill placed from 40 ft. to 25 ft. Material _____

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

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12"	41	59	150	☒	☐	☒	☐
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
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____

Temperature of water 52° Depth Artesian Flow Found 260 ft.
Was a water analysis done? ☐ Yes By whom _____
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Color _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County LAKE Latitude _____ Longitude _____
Township 23 N or S Range 14 E or W. WM.
Section 21 SE 1/4 SE 1/4
Tax Lot 1201 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 17986 SOTO LN FORT ROCK OR

(10) STATIC WATER LEVEL:

37 ft. below land surface. Date 7-10-02
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 60'

From	To	Estimated Flow Rate	SWL
60'	260	1500	37

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
Brown clay	2	20	
Green clay	20	35	
Gray clay stone hard	35	45	
Gray Basalt	45	63	
Brown basalt	63	95	
Sand Black with stone	95	260	
Layer sand stone			

RECEIVED

APR 14 2002

WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED

APR 15 2004

WATER RESOURCES DEPT.
SALEM, OREGONDate started 7-4-02 Completed 7-10-02

(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 1654Signed _____ Date 7-26-02