

(as required by ORS 537.765)

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

WELL I.D. # L 63282 63282
START CARD # 144733

(1) LAND OWNER _____ Well Number _____
 Name Jerald Simmons
 Address PO Box 35
 City Fort Rock State OR Zip 97355

(2) TYPE OF WORK
☐ New Well ☒ Deepening ☒ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger
☐ Other _____

(4) PROPOSED USE:

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☐ Domestic	☐ Community	☐ Industrial	☒ Irrigation
☐ Thermal	☐ Injection	☐ Livestock	☐ Other _____

(5) BORE HOLE CONSTRUCTION:

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Special Construction approval ☐ Yes ☐ No Depth of Completed Well 459 ft.
Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	120	360				
8 1/2"	360	450				

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:

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	Diameter	From	To	Gauge	Steel		
Casing:	NO. 60 S100			11 1/4	☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
Liner:	10 1/2	-100	360	250	☒	☒	☐
					☐	☐	☐

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

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☐ Pump Yield gal/min	☐ Bailer Drawdown	☒ Air Drill stem at	☐ Flowing Artesian Time
2500		490	0 hr.

Temperature of water 40° 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:

(9) LOCATION OF WELL BY LEGAL DESCRIPTION
County Lake Latitude _____ Longitude _____
Township 25 N or S Range 14 E or W. WM.
Section ~~16~~ 16 SW 1/4 1/4 _____ 1/4 _____
Tax Lot 1300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 63803 Cu. Bm Lake
NE FULT ROAD ON 47355

(10) STATIC WATER LEVEL:

(10) 59 ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found

From	To	Estimated Flow Rate	SWL
440	450	1500	

(12) WELL LOG:

Ground Elevation _____

[illegible]

Date started 6-25-03 Completed 7-16-03

(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.

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.

Signed W. J. [Signature] WWC Number 1659
Date 8-1-03