

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

LAKE 51487 WELL I.D. # L 47493  
 START CARD # 157570

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

(1) OWNER: Well Number \_\_\_\_\_  
 Name Tim Warkentin  
 Address PO Box 12  
 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 565 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
			<u>Undisturbed</u>			
<u>12"</u>	<u>490</u>	<u>565</u>				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Material	Casing	Liner
				Tele/pipe size				<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
<u>700+</u>	<u>~40</u>	<u>560</u>	<u>1 hr.</u>

Temperature of water 51 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 25S N or S Range 18E E or W. WM.  
 Section 9 SW 1/4 NW 1/4  
 Tax Lot 2100 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) NONE ASSIGNED

(10) STATIC WATER LEVEL:  
40 ft. below land surface. Date 4-3-04  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
 Depth at which water was first found \_\_\_\_\_

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:  
 Ground Elevation \_\_\_\_\_

Material	From	To	SWL
<u>Brkn Lava Rock</u>	<u>490</u>	<u>525</u>	
<u>Blk Sand</u>	<u>525</u>	<u>540</u>	
<u>Brkn Lava Rock</u>	<u>540</u>	<u>565</u>	

**RECEIVED**

APR 06 2004

WATER RESOURCES DEPT  
SALEM, OREGON

**RECEIVED**

APR 26 2004

WATER RESOURCES DEPT  
SALEM, OREGON

Date started 4-3-04 Completed 4-3-04  
 (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 1568  
 Signed David J. Kuhn Date 4-5-04