RECEIVED LAKE 51642

MAY 2 0 2005

WATER RESOURCES DEPT SALEM, OREGON

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

LAKE 51642 WELL I.D. # L 38771
START CARD # 169016

(1) LAND OWNER Well Number ______
Name Clayton King
Address P.O. Box 766
City Crane State Or Zip 97732

(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 205 ft.
Explosives used ☐ Yes ☒ No Type ______ Amount ______

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
16	0	80	Bent+Cement	0	80	2100 LBS
12	80	205	—			—

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:	12	+2	80	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

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
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
1000+	40	105	1 hr.

Temperature of water 66 Depth Artesian Flow Found ______
Was a water analysis done? No ☐ Yes By whom ______
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ______
Depth of strata: ______

RECEIVED JUL 15 2005 WATER RESOURCES DEPT SALEM, OREGON

(9) LOCATION OF WELL by legal description:
County Lake Latitude ______ Longitude ______
Township 27 S N or S Range 23 E E or W. WM.
Section 19 SW 1/4 NW 1/4
Tax Lot 800 Lot ______ Block ______ Subdivision ______
Street Address of Well (or nearest address) 3 Mile N 1 Mile W off Butte Valley Rd Riley Or.

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 4-28-05
Artesian pressure ______ lb. per square inch Date ______

(11) WATER BEARING ZONES:
Depth at which water was first found 103'

From	To	Estimated Flow Rate	SWL
103	201	1000+	65

(12) WELL LOG:
Ground Elevation ______

Material	From	To	SWL
Top Soil	0	2	—
White Clay	2	21	-
Vesecular Red&			
Brown Basalt			
w/ Brown Clay	21	42	
Fractured Grey			
Basalt	42	74	
Hard Grey Basalt	74	103	
Brown, Red,			
Grey, Green,			
White & Black			
Cinders (W/B)	103	201	65
Medium Brown			
Basalt	201	205	65

Date started 4-26-05 Completed 4-28-05

(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 1521
Signed [signature] Date 4-28-05

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER