LAKE 51737

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.

WELL I.D. # L 66098
START CARD # 159035

(1) LAND OWNER Well Number _____
Name WILLIAM R. SHORT
Address 21161 HWY 395
City LAKEVIEW State OR Zip 97630

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

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12"	0	21	Bentonite	0	21	20 SACKS
10"	21	140				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Poured Dry
Backfill placed from _____ ft. to _____ ft. Material NA
Gravel placed from _____ ft. to _____ ft. Size of gravel NA

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	8"	+1	140	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Factory Sawed / Down Hole Perf
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
70	99	1/8 x 2	299			☒	☐
120	140	3/32 x 3	304			☒	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
18	61'	120	1 hr.
18	63'	120	24 hr.

Temperature of water 55° Depth Artesian Flow Found _____
Was a water analysis done? ☐ Yes By whom None
Did any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other None
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County LAKE Latitude _____ Longitude _____
Township 37S N or S Range 21 E E or W. WM.
Section 29 NW 1/4 NW 1/4
Tax Lot 801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Deter Ranch Rd.

(10) STATIC WATER LEVEL:
09' ft. below land surface. Date 11-12-2005
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 70'

From	To	Estimated Flow Rate	SWL
70'	140	25	9

(12) WELL LOG:
Ground Elevation 4800'

Material	From	To	SWL
Brown Clay	0	31	
Brown Claystone	31	70	
Course Sand/Fine Gravel	70	83	9
Brown Claystone	83	130	9
Course Sand/Fine Gravel	130	138	9
Brown Claystone	138	140	

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DEC 14 2005
WATER RESOURCES DEPT
SALEM, OREGON

Date started 11-2-2005 Completed 11-12-2005

(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 766
Signed [signature] Date 11-14-2005

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