

LAKE 51773

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

JUL 31 2006

WELL I.D. # L 82287

WATER RESOURCES DEPT
SALEM, OREGON

START CARD # 183806

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

(1) LAND OWNER Name John Flower Well Number _____
Address PO Box 1871
City Christmas Valley State OR Zip 97641

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

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Other _____

(4) PROPOSED USE
☐ Domestic ☐ Community ☐ Industrial ☒ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Construction: ☐ Yes ☐ No
Depth of Completed Well 420 ft.
Explosives used: ☐ Yes ☐ No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
24"	10	35	Bent	0	35	80
16"	35	380				
14"	300	420				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 3/8 hole
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: 16"	+1	35	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 14"	-20	300	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS							
<input type="checkbox"/> Perforations Method _____							
<input type="checkbox"/> Screens Type _____ Material _____							
From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
						<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
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
2500		420	

Temperature of water 54° 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 (legal description)
County LAKE
Tax Lot 4000 Lot _____
Township 26 N or S Range 18 E or W WM
Section 13 SE 1/4 SE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) PO Address
Assigned

(10) STATIC WATER LEVEL
25' ft. below land surface. Date 6-21-06
25' ft. below land surface. Date 6-21-06
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES			
From	To	Estimated Flow Rate	SWL
50'	340	1000'	25'
390	420	1500	25'

(12) WELL LOG			
Material	From	To	SWL
TOP SOIL	0	2	
Brown clay	2	10	
Clay clay	10	30	
Black lava rock	30	48	
Green clay	48	100	
Clay clay - brown	100	130	
Clay clay sand	130	190	
Pumice	190	230	
Black sand	230	285	
Brown clay	285	300	
Clay clay	300	320	
Brown clay	320	390	
Broken lava rock	390	420	

Date Started 5-11-06 Completed 6-21-06

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____

(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 16541 Date 7-20-06

Signed [Signature]