

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

LAKE 51879

WELL I.D. #L

START CARD #

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

(1) LAND OWNER

Name Ken LaFrance Well Number _____
Address 580 N Central
City COQUILLE State OR Zip 97423

(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 531 ft.
Explosives used: ☐ Yes ☐ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
26"	0	70	Cement	0	70	4
12"	70	531	12" hole			

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other pump

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:	14"	0	70	114	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) push casing down 6' w/220 lb

(7) PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ 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 1100 gal per min Drawdown 6 ft Drill stem at _____ Time _____

Temperature of water 55.0 Depth Artesian Flow Found _____

Water analysis done _____ By whom _____

Did any strata contain water not suitable for intended use? NO

☐ Salty ☐ Muddy ☐ Colored ☐ Other _____

Depth of strata _____

(9) LOCATION OF WELL (legal description)

County Lake
Tax Lot 2800 Lot _____
Township 26 N or S Range 5 E or W WM
Section 21 14 15 16 17 18 19 20 21 22 23 24

Lat _____ " or _____ (degrees or decimal)

Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 80686 Centley Ln Silver Lake, OR 97735

(10) STATIC WATER LEVEL

32 ft. below land surface. Date 7-20-06

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 220

From	To	Estimated Flow Rate	SWL
220	+	1600 per min	

(12) WELL LOG

Material	From	To	SWL
Grey clay	0	70	
lt br clay	70	100	
Dark green clay	100	140	
Coarse sand/clay mix	140	160	
Soft clay/coarse sand	160	180	
Coarse	180	200	
Hard black basalt	200	360	
green clay	360	380	
lt tan clay	380	400	
green tan clay	400	420	
Black sand	420	440	
green/tan clay	440	460	
Soft + black clay	460	480	
Soft black mud	480	510	
Hard black basalt	510	531	

Date Started 7-20-06 Completed 8-22-06

(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 11-2-06

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 _____ Date _____

Signed _____

WATER RESOURCES DEPT

SALEM, OREGON

WATER RESOURCES DEPARTMENT

FIRST COPY - CONSTRUCTOR

SECOND COPY - CUSTOMER

06/16/2004

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

WELL I.D. # L

START CARD #

187901

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

(1) LAND OWNER Ray LaFrance Well Number _____
Name _____
Address 580 N Central
City Corvallis State OR Zip 97331

(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 537 ft.
Explosives used: ☐ Yes ☐ No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
26"	0	70	Concrete	0	70 1/4	
76"	537	557	12" PVC			

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: 14"	0	76"		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used ☐ Inside ☐ Outside ☐ None

Final location of shoe(s) Wash casing down 6' w/220 lb

(7) PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ 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 644 Drawdown _____ Drill stem at _____ Time _____

Temperature of water 55.0 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: _____

RECEIVED

MAY 15 2007

WATER RESOURCES DEPT
SALEM, OREGON

(9) LOCATION OF WELL (legal description)

County Lake
Tax Lot 2800 Lot _____
Township 26 N or S Range 15 E or W WM
Section 21 1/4 _____ 1/4 _____

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

Street Address of Well (or nearest address) 80686 Canyon Ln
Silver Lake OR 97735

(10) STATIC WATER LEVEL

32 ft. below land surface. Date 7-20-06

_____ ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES

Depth at which water was first found 220

From	To	Estimated Flow Rate	SWL
220 1/4		1600 per min	

(12) WELL LOG

Ground Elevation _____

Material	From	To	SWL
Grey clay	0	100	
Dark green clay	100	140	
Light green clay	140	160	
Light green clay	160	180	
Hard black sand	180	200	
Hard black sand	200	260	
Grey clay	260	320	
Dark green clay	320	400	
Light green clay	400	420	
Black sand	420	440	
Dark green clay	440	460	
Dark green clay	460	480	
Dark green clay	480	510	
Hard black sand	510	537	

Date Started 7-20-06 Completed 8-22-06

(unbonded) Water Well Constructor Certification

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WWC Number _____ Date _____

Signed _____

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WWC Number _____ Date _____

Signed _____