

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765 & OAR 690-205-0210)

RECEIVED 51971

MAR 25 2008

WELL LABEL # L 95205

START CARD # 175626

192955

Lake
51971

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

1) LAND OWNER Owner Well ID
WATER RESOURCES DEPT

First Name Sylvia Last Name Cleland
Company Cleland Ranch
Address PO Box
City Atj State OR Zip 97620

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 307 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amount (Scks)/lbs
12	0	28	3/4 Bertanecy	0	28	52
10	28	270				

How was seal placed: Method A B C D E

Other Poured

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<input checked="" type="checkbox"/>	10'		0	270'	24"	X		X	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____

(7) PERFORATIONS/SCREENS

Perforations Method Torch
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X				190'	270'				

(8) WELL TESTS: Minimum testing time is 1 hour From 80' to 108'

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
800	40' 28"	170	22 hr

Temperature 60 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lake Twp 39 N or S Range 24 E or W W.M.
Sec 22 NW 1/4 of the NW 1/4 Tax Lot 700
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 21169 Hwy
140 East

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>Aug 31 2007</u>			<u>80</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES

Depth water was first found 80

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>May 17 2007</u>	<u>86'</u>	<u>87'</u>				<u>80</u>
<u>May 17</u>	<u>230</u>	<u>240</u>				<u>80</u>
<u>May 18</u>	<u>260</u>	<u>267</u>				<u>80</u>
<u>May 31</u>	<u>300</u>	<u>307</u>				<u>80</u>

(11) WELL LOG

Ground Elevation 0

Material	From	To
Sandy soil	0'	4'
Tan clay	4	62
Green clay	62	86
Course sand (WB)	86	87
Green clay	87	113
Sand	113	115
Clay	115	165
fine sand	165	168
Clay	168	203
fine sand	203	216
Clay (green)	216	230
Course sand	230	240
Clay	240	260
2 1/2" sand course	260	267
3" clay (green)	267	300
C. sand + gravel	300	307

Date Started May 2nd 2007 completed Aug. 31 2007

(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.

License 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.

License Number _____ Date 9-24-07

Signed Bill Cleland

Contact Info. (optional) _____

RECEIVED
SEP 28 2007

RECEIVED
MAR 03 2008

LAKE 51971

The well was completed
May 31st. I sealed it sometime
in June upon approval from
the Lake County water Master.

I didnt get my pump
installed and wired to use until
around the completion date indicated.

I couldnt test the draw down
until that time.

I drilled this well
myself. (I am the land owners son)

RECEIVED

SEP 28 2007

WATER RESOURCES DEPT
SALEM, OREGON

Thank You
Bill Cleland

PO Box 57

Adel, Or 97620

(541) 219-1946



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301-1266
(503) 986-0900
www.wrd.state.or.us

Application for
Well ID Number

95474

Do not complete if the well already has a Well I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): BILL + SYLVIA CLELAND
Mailing Address: PO BOX 57
City, State, Zip: ADEL, OR 97620
Mailing Address (to send Well I.D.):
City, State, Zip:

LAKE 51971

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: 39 (North/South) Range: 24 (East/West) Section: 22
Tax Lot: 700 County LAKE NW 1/4 NW 1/4
Street Address of Well, City:
Owner at time the well was constructed, (if known): 21169 HWY 140 EAST
If the property had a different street address in the past:

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring):
Date Well Constructed: Total Well Depth: Casing Diameter:
Other Information:

SUBMITTED BY (please print):
PHONE: FAX:

Send application to Oregon Water Resources Department; 725 Summer Street NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date: 3-26-08 Well Log Number: LAKE 51971 Well Identification #: 95474