

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

LAKE 51984

WELL LABEL # L 43032

START CARD # 143830

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

(1) LAND OWNER Owner Well I.D.
First Name SCOTT Last Name RUNNIS
Company
Address PO BOX 39
City FOOT ROCK State OK Zip 97735

(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 1110 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
8"	940	1110					

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

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
X		8"	-	380	940	.250	X		X	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
Screens Type _____ Material _____

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

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>1600 gal</u>		<u>940</u>	

Temperature _____ °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 27 N or S Range 16 E or W W.M.
Sec 32 SE 1/4 of the 54 1/4 Tax Lot
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) no address
ASS 1942

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>11-1-07</u>			<u>132'</u>
Completed Well	<u>11-05-07</u>			<u>132'</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)

(11) WELL LOG

Ground Elevation _____

Material	From	To
<u>Blown Rock</u>	<u>940</u>	<u>980</u>
<u>Red Lava Rock</u>	<u>980</u>	<u>1000</u>
<u>Gray Lava Rock</u>	<u>1000</u>	<u>1080</u>
<u>Pink Lava Rock</u>	<u>1080</u>	<u>1100</u>
<u>Black Lava Rock</u>	<u>1100</u>	<u>1110</u>

RECEIVED

RECEIVED

DEC 07 2007

MAR 04 2008

WATER RESOURCES DEPT
SALEM, OREGON

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 11-1-07 Completed 11-5-07

(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 1654 Date 12-05-07

Signed [Signature]

Contact Info. (optional) Tom 501-576-2184

Search drilling INC