

LAKE 51990

STATE OF OREGON

WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 91340START CARD # 197366

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

(1) LAND OWNER

Owner Well I.D.

First Name JERRY Last Name NEWMAN
 Company _____
 Address P.O. BOX 761
 City CHRISTMAS VALLEY State OR Zip 97641

(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 400 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
12.5	0	30	BENTONITE	0	30	24	SACKS
10	30	59					
8	59	400					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other Hole plug poured

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

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

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		8	+	1	59	.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	Casing	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)
700+		275	1

Temperature 51 °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 S Range 16 E W.M.
 Sec 24 NE 1/4 of the NW 1/4 Tax Lot 600
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) OFF NEWMAN WAY

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>12-17-07</u>			<u>35</u>
Completed Well	<u>12-17-07</u>			<u>35</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)
12-16-07	305	307	700+			35

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil Sandy Br	0	3
DIAOMITE	3	22
CLAY GRAY	32	305
CLAY GRAY	305	307
CLAY GRAY	307	400

RECEIVED

DEC 20 2007

WATER RESOURCES DEPT
SALEM, OREGONDate Started 12-10-07 Completed 12-16-07

(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 657 Date 12-17-07Signed Charles Blackman

Contact Info. (optional)