

# LAKE 52081

**STATE OF OREGON  
WATER SUPPLY WELL REPORT**

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

WELL LABEL # L 93329

START CARD # 189960

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

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name Heidi Last Name Glassman  
 Company \_\_\_\_\_  
 Address PO Box 390  
 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 455 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
19"	0	99	Cement	99	74	50	50K
14"	79	55		25	20	20	50K

How was seal placed: Method  A  B  C  D  E  
 Other 358 Above Plug  
 Backfill placed from 79 ft. to 25 ft. Material Best  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	HL	99	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	Lnr	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 1500+ Drawdown \_\_\_\_\_ Drill stem/Pump depth 455 Duration (hr) hr 2

Temperature 53° °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below)  
 From \_\_\_\_\_ To \_\_\_\_\_ Description \_\_\_\_\_

**(9) LOCATION OF WELL (legal description)**  
 County Lake Twp 27 N or S Range 18 E or W W.M.  
 Sec 5 SE 1/4 of the SW 1/4 Tax Lot 200  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street Address of Well (or nearest address) NO ADDRESS  
ASSIGNED

**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	<u>4-1-08</u>			<u>301</u>
Completed Well	<u>11-1-11</u>			<u>111</u>

**WATER BEARING ZONES** Depth water was first found \_\_\_\_\_

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-3-08</u>	<u>115</u>	<u>150</u>	<u>800'</u>			<u>30'</u>
	<u>430</u>	<u>455</u>	<u>1600'</u>			<u>30'</u>

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
TOP SOIL	0	2
Tan clay	2	25
Green clay	25	115
Pumice gravel	115	150
Brown clay	150	170
Brown clay pumice	170	215
Broken Lava Rock	215	250
Hard Basalt Grt	250	400
Hard Lava Rock	400	430
Broken Lava Rock	430	455

Date Started 3-24-08 Completed 4-1-08

**(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 1654 Date 5-17-08

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 5-13-08

Signed \_\_\_\_\_  
 Contact Info. (optional) \_\_\_\_\_

**RECEIVED**

**MAY 9 2008**

**WATER RESOURCES DEPT**