

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 98329

START CARD # 189583

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

(1) LAND OWNER

Owner Well I.D.

First Name Richard Last Name Jensen
 Company PO Box 628
 Address 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 184 ft.

BORE HOLE

SEAL

Dia	From	To	Material	From	To	Amount	Scks/lbs
14"	0	59'	Cement	0	59'	105	scks
16"	59'	184'					

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

Casing	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	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)
1500 gal		184	1 hr

Temperature 53 °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 26 N or S Range 19 E or W W.M.
 Sec 5 SE 1/4 of the SE 1/4 Tax Lot 900
 Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 92066 LAST FOREST LN2.5 mi. OR 97641

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	12-19-08			25'
Completed Well				

Flowing Artesian? ☐ Yes Dry Hole? ☐ YesWATER BEARING ZONES Depth water was first found 85'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
12-14-08	85	100	50 gal			25'
12-19-08	175	185	1500+			25'

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	2
Sandy Clay Brown	2	8
Sandy Brown	8	16
Brown Clay	16	30
Clay Corral with sand	30	45
Clay Gravel	45	70
Clay Blay with flint	70	100
Gray Clay	100	125
Brown clay	125	165
Black Lava Rock	165	175
Brown Lava Rock	175	184

Date Started Nov 22-08 Completed 12-19-08

(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 _____ Date AUG 17, 2010

Signed _____
WATER RESOURCES DEPT
SALEM, OREGON

(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 16341 Date 4-15-09Signed [Signature]

Contact Info. (optional)

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

LAKE 52143

LAKE 52143

WELL LABEL # L 98329

START CARD # 189583

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

(1) LAND OWNER

Owner Well I.D. _____
First Name Richard Last Name Musch
Company _____
Address PO Box 628
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 184 ft.

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
24"	0	59'	Cement	0	59	105	scks
16"	59'	184'					

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	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	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	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	Drawdown	Drill stem/Pump depth	Duration (hr)
1500 gpm		184	1 hr

Temperature 53 °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 26 N or S Range 19 E or W W.M.
Sec 5 SE 1/4 of the SE 1/4 Tax Lot 900
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) NO ADDRESS
92066 5-14 E C.V.
OR 97641

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	12-19-08			25'
Completed Well				

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 85

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
12-14-08	85	100	50 gpm			25'
12-14-08	175	185	1500+			25'

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Sandy clay Brown	2	8
Sand Brown	8	16
Brown clay	16	30
Clay core with sand	30	45
Clay Gravel	45	70
Clay Brandy with gravel	70	100
Gray clay	100	125
Brown clay	125	165
Black Lava Rock	165	175
Brown Lava Rock	175	184

Date Started NOV 22-08 Completed 12-19-08

(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 _____ Date AUG 06 2010

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 16841 Date 4-15-09

Signed _____

Contact Info. (optional) _____

LAKE 52143

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 98329

START CARD # 199583

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

(1) LAND OWNER

Owner Well I.D. _____
First Name Richard Last Name Mensch
Company _____
Address PO Box 629
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 184 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	59'	Cement	0	59'	105	scks
16"	59'	184'					

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

Casing/Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	16"	+	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/Liner	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)
1500 gpm		184	1 hr

Temperature 53 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units

RECEIVED

APR 16 2009

(9) LOCATION OF WELL (legal description)

County Lake Twp 26 N or S Range 19 E or W W.M.

Sec 5 SE 1/4 of the SE 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) NO address

55519th

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	12-19-08			25'
Completed Well				

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 85'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
12-14-08	25	100	50 gpm			25'
	175	185	1500+			

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	2
Sandy Clay Brown	2	8
Sandy Brown	8	16
Brown Clay	16	30
Clay Corral with sand	30	45
Clay Gravel	45	70
Clay Blau with Purple	70	100
Gray Clay	100	125
Brown clay	125	165
Black Lava Rock	165	175
Brown Lava Rock	175	184'

Date Started NOV 22-08 Completed 12-19-08

(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 _____ 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 16841 Date 4-15-09

Signed [Signature]

Contact Info. (optional) _____