

LAKE 52251

Lake
52251

STATE OF OREGON WATER SUPPLY WELL REPORT

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

WELL LABEL # L 91574

START CARD # 206035

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

(1) LAND OWNER

Owner Well I.D. _____
 First Name Ken Last Name HIVFIELD
 Company _____
 Address Po Box 99
 City FURT ROCK State OR 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 300 ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	79	concr	0	79	75	Snd
16"	79	200					
11"	200	300					

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"	+	79	250		Y		X	

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type _____

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

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AUG 17 2010

WATER RESOURCES DEPT
SALEM, OREGON

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

Pump Bailer Air Flowing Artesian
 Yield gal/min 2500 Drawdown _____ Drill stem/Pump depth 300 Duration (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 25 N or S Range 14 E or W W.M.
 Sec 23 56 1/4 of the SE 1/4 Tax Lot 1400
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 79337 5070 LN
FURT ROCK OR 97735

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>5-25-10</u>			<u>35'</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 160

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>5-25-10</u>	<u>155</u>	<u>160</u>	<u>1000</u>			<u>35'</u>
<u>5-22-10</u>	<u>190</u>	<u>200</u>	<u>1500</u>			

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP Soil	0	2
Sand gravel	2	30
Brown Lava Rock	30	79
Gray Lava Rock	79	155
Broken Brakleer Rock	155	160
Brown Lava Rock	160	190
Brown Lava Rock	190	200
Gravel	200	300

Date Started 5-18-10 Completed 5-25-10

(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.

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License Number _____ Date _____

Signed _____

JAN 03 2011

(bonded) Water Well Constructor Certification WATER RESOURCES DEPT

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 Aug-9-10

Signed [Signature]
 Contact Info. (optional) _____

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 Company _____
 Address PO Box 99
 City FUT ROCK State OR Zip 97735

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 Alteration (repair/recondition) Abandonment

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 Depth of Completed Well _____ ft.

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	79	Concr	0	79	75	Sack
16"	79	200					
11"	200	300					

How was seal placed: Method A B C D E
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 SALEM, OREGON

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 Yield gal/min 7500 Drawdown 300 Drill stem/Pump depth _____ Duration (hr) _____
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Signed [Signature]
 Contact Info. (optional) _____