

STATE OF OREGON
WATER SUPPLY WELL REPORT

(ORS 537.765 & OAR 690-205-0210)

LAKE 52338 LAKE

WELL LABEL # L 107034
START CARD # 1014244
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D.
First Name BURT Last Name SWINGLE
Company _____
Address PO Box 589
City LAKEVIEW State OR Zip 97630

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 350 ft. Special Standard: Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
14"	0	350	CEMENT	0	126	35	SCKS
			SB BENTONITE			3	SCKS

How was seal placed: Method A B C D E
 Other _____
Backfill placed from - 350 ft. to 126 ft. Material 3/8 GRAVEL
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
✓		10"	+	2	350	.250	✓		✓	

Shoe Inside Outside Other Location of shoe(s) _____
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method SAW
Screens Type _____ Material _____

Perf	Scr	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓	✓				130	350	1/8	3	4180	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 1300 Drawdown 345 Drill stem/Pump depth 1 Duration (hr) _____
Temperature 58 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County LAKE Twp 39 N or S Range 190 E or W W.M.
Sec 15 NE 1/4 of the NE 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) 93757 LEEHMAN LN LAKEVIEW

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL(psi)	+	SWL (ft)
Completed Well	<u>8-31-11</u>		-	<u>33 1/2</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 34'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>34</u>	<u>350</u>	<u>1300+</u>		-	<u>33 1/2</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
SANDY BRN CLAY	0	3
SAND - 1/4" GRAVEL	3	9
FINE BRN SAND	9	33
FINE BRN SAND, CLAY	33	50
SAND, GRAVEL, CLAY LAYERS	50	73
FINE BLACK SAND	73	106
GRAVEL, CLAY, SAND	106	305
COARSE GREEN PUMICE SAND	305	315
SANDY GRAY CLAY	315	350

RECEIVED RECEIVED
SEP 28 2011 NOV 03 2011
WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON
Date Started 7-25-11 Completed 8-30-11

(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 1739 Date 9-20-11
Signed [Signature]

(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 1355 Date 9-20-11
Signed [Signature]
Contact Info. (optional) _____

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LAKEVIEW

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Signed [Signature]
Contact Info. (optional) _____