

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

LAKE 52379

05-21-2012

WELL LABEL # L

105496

START CARD #

1016431

Page 1 of 1

(1) LAND OWNER

Owner Well I.D. \_\_\_\_\_

First Name sam Last Name dinsdale  
Company \_\_\_\_\_  
Address 57673 ft. rock rd  
City silver lake State or Zip 97638

(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  
☐ Thermal ☐ Injection ☐ Other \_\_\_\_\_

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)  
Depth of Completed Well 302.00 ft.

| BORE HOLE |      |     | SEAL            |      |    | sacks/ |     |
|-----------|------|-----|-----------------|------|----|--------|-----|
| Dia       | From | To  | Material        | From | To | Amt    | lbs |
| 20        | 0    | 40  | Bentonite Chips | 0    | 40 | 52     | S   |
| 16        | 40   | 302 |                 |      |    |        |     |
|           |      |     |                 |      |    |        |     |

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other poured dry

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 | Stl                                 | Plste                               | Wld                                 | Thrd                                |
|-------------------------------------|-------------------------------------|-----|-------------------------------------|------|----|-------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 16  | <input checked="" type="checkbox"/> | 2    | 90 | 250   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/>            | <input type="checkbox"/>            |     | <input type="checkbox"/>            |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/>            |     | <input type="checkbox"/>            |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/>            |     | <input type="checkbox"/>            |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| <input type="checkbox"/>            | <input type="checkbox"/>            |     | <input type="checkbox"/>            |      |    |       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            |

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) \_\_\_\_\_

Temp casing ☐ Yes Dia \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

(7) PERFORATIONS/SCREENS

Perforations Method \_\_\_\_\_  
Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| Perf/S | Casing/ | Screen | Dia | From | To | Sern/slot | Slot   | # of  | Tele/     |
|--------|---------|--------|-----|------|----|-----------|--------|-------|-----------|
| creen  | Liner   |        |     |      |    | width     | length | slots | 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)

|       |  |     |   |
|-------|--|-----|---|
| 1,100 |  | 300 | 1 |
|       |  |     |   |
|       |  |     |   |

Temperature 52 °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 27.00 S N/S Range 15.00 E E/W WM  
Sec 23 NW 1/4 of the NE 1/4 Tax Lot 3500  
Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
Lat \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
Long \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD

☒ Street address of well ☐ Nearest address

n/a not assigned yet

(10) STATIC WATER LEVEL

Date \_\_\_\_\_ SWL(psi) + SWL(ft)

|                              |            |    |
|------------------------------|------------|----|
| Existing Well / Predeepening |            |    |
| Completed Well               | 05-09-2012 | 38 |

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 40

| SWL Date   | From | To  | Est Flow | SWL(psi) | + SWL(ft) |
|------------|------|-----|----------|----------|-----------|
| 05-09-2012 | 38   | 300 | 1,100    |          | 38        |
|            |      |     |          |          |           |
|            |      |     |          |          |           |
|            |      |     |          |          |           |

(11) WELL LOG

Ground Elevation \_\_\_\_\_

| Material         | From | To  |
|------------------|------|-----|
| sandy top soil   | 0    | 8   |
| brn congl        | 8    | 21  |
| brn clay congl   | 21   | 60  |
| blk sand         | 60   | 91  |
| brn clay congl   | 91   | 142 |
| brkn brn rock    | 142  | 277 |
| blk ss           | 277  | 299 |
| hard grey basalt | 299  | 302 |

RECEIVED BY OWRD

JUL 16 2012

SALEM, OR

Date Started 05-01-2012 Completed 05-09-2012

(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 \_\_\_\_\_

Electronically Filed

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 1568 Date 05-21-2012

Electronically Filed

Signed DAVID KUHN (E-filed)

Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

Form Version: 0.95