LAKE 52396

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STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 107602
START CARD # 206428

(1) OWNER: Well Number 2
Name GARY M. RALEY
Address 1650 N.E. LESLEY PLACE
City BEND State OR. Zip 97701

(2) TYPE OF WORK
☒ New Well ☐ Deepening ☐ Alteration (repair/recondition) ☐ Abandonment

(3) DRILL METHOD:
☐ Rotary Air ☐ Rotary Mud ☑ Cable ☐ Auger
☐ Other

(4) PROPOSED USE:
☑ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Livestock ☐ Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval ☐ Yes ☒ No Depth of Completed Well 160 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	19'	BENTONITE	0	19	11 SACKS
6"	19	160				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☐ Other POURED DRY
Backfill placed from ____ ft. to ____ ft. Material ____
Gravel placed from ____ ft. to ____ ft. Size of gravel ____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1.5	19'	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4"	-5'	160		☐	☑	☑ PVC	☐
					☐	☐	☐	☐

Final location of shoe(s) —

(7) PERFORATIONS/SCREENS:
☑ Perforations Method SAWZALL SAW 1/16" WIDE 4" LONG
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
150	160	1/16" x 4"	40	4"		☐	☑
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☑ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20	0	—	1 hr.

Temperature of water 65° Depth Artesian Flow Found —
Was a water analysis done? NO ☐ Yes By whom ____
Did any strata contain water not suitable for intended use? NO ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ____
Depth of strata: ____

(9) LOCATION OF WELL by legal description:
County LAKE Latitude ____ Longitude ____
Township 27 N or (S) Range 18 (E) or W. WM.
Section 14 NW 1/4 SE 1/4
Tax Lot 1600 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 91010 CHRISTMAS VALLEY HWY, CHRISTMAS VALLEY, OR. 97641

(10) STATIC WATER LEVEL:
95 ft. below land surface. Date 7-13-12
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 95'

From	To	Estimated Flow Rate	SWL
95'	160'	20 GPM	95

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
BRN SANDY SOIL	0'	3'	—
BRN ROCK	3'	30'	—
RED & BLACK CINDER GRAVEL	30'	67'	—
TAN BRN SAND STONE	67'	77'	
BLACK LAVA GRAVEL (MEDIUM WD)	77	98	95'
BROKEN LAVA ROCK HARD W/ B	98	152	95'
BLACK BROKEN SCORIA ROCK	152	160	95

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SALEM, OR
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AUG 07 2012
SALEM, OR

Date started 7-29-11 Completed 7-13-12

(unbonded) Water Well Constructor Certification:
I certify that the work I performed on the construction, 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.
WWC Number ____
Signed ____ Date ____

(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, 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.
WWC Number 1536
Signed Gary M. Raley Date 7-15-12

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER

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