

DRAFT

LAKE 52398

WELL LABEL # 104453

START CARD # 183841

ORIGINAL LOG #

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

(1) LANDOWNER

Owner Well I.D. _____
First Name _____ Last Name _____
Company HUFFARD Estate
Address PO Box 99
City Fort Rock State OR Zip 97735

(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 600 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	79	Cement	0	79	50	SCK
16"	79	367					
8"	367	600					

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:

Calculated Amount Proposed to be Used: _____ sacks/lbs

Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X			+	1	79	.250	X		X	
	✓			-6	140	.150	✓		✓	
	✓			-135	367	.250	✓		✓	

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 2000 gpm Drawdown 25' Drill stem/Pump depth 600 Duration (hr) 4 hr

Temperature 50 °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 25 N or S Range 14 E or W W.M.

Sec 24 1/4 of the SE 1/4 Tax Lot 108

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 79735 50th Lane
Fort Rock OR 97735

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>4.5-12</u>			<u>75'</u>
Completed Well	<u>4.5-12</u>			<u>81'</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
	<u>160</u>	<u>165</u>	<u>1000 gpm</u>			<u>75'</u>
	<u>240</u>	<u>367</u>	<u>1000 gpm</u>			<u>75'</u>
	<u>367</u>	<u>600</u>	<u>1000 gpm</u>			<u>75'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sand gravel	0	15
Gray clay	15	35
Brown clay	35	70
Green clay	70	140
Gray Basalt	140	180
Black and gray water B.m	180	367
Black Lava rock	367	430
Black sand and clay	430	600

Date Started 2-23-12 Completed 4-5-12

(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 165-1 Date 8-24-12

Signed Tom Search

Contact Info. (optional)

501-576-2189

Tom Search