

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

LAKE 52528

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WELL LABEL # L 114385
START CARD # 1023299
ORIGINAL LOG #

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

(1) LANDOWNER Owner Well I.D.
First Name ADAIR Last Name BROWN
Company _____
Address HC 10 Box 16
City DAVIS CREEK State CA. Zip 96108

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

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
24"	0	53	CEMENT	0	53	40	SCKS
20"	53	232					
8"	232	300					

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

☐ Other _____

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from 0 ft. to 232 ft. Material GRAVEL Size 3/8

(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
✓		20"	+	1 1/2	53	.250	✓		✓	
	✓	16"	+	2	232	.250	✓		✓	

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s) _____

Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method FACT. SAW CUT

Screens Type _____ Material _____

Perf	Sern	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
✓			✓		112	232	1/8	3	3744	PIPE

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min _____ Drawdown _____ Drill stem/Pump depth _____ Duration (hr) _____

Temperature 57 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS _____ ppm

From _____ To _____ Description _____ Amount _____ Units _____

From _____ To _____ Description _____ Amount _____ Units _____

From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)

County LAKE Twp 40 N or S S Range 20 E or W W.M.

Sec 15 SW 1/4 of the NE 1/4 Tax Lot 01

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 96556 CRANE CREEK RD
LAKEVIEW

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>7-07-14</u>		-	<u>12</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 19'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>7-07-14</u>	<u>56</u>	<u>232</u>	<u>500+</u>		-	<u>12</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
SANDY TOPSOIL	0	2
CLAY-GRAVEL	2	7
PEA GRAVEL-BRN SAND	7	12
STICKY GRAY CLAY	12	19
BLACK SAND	19	22
GRAY CLAY-GRAVEL	22	30
BLACK SAND	30	38
LAYERS GRAY CLAY + GRAVEL	38	64
BLACK SANDSTONE-SAND-CLAY	64	86
GRAY SANDY CLAY	86	104
GRAY CLAY	104	132
GRAY CLAY-GRAVEL-SAND	132	186
SANDY CLAY	186	212
GRAY CLAY-SAND	212	242
GRAY CLAY	242	300
BOTTOM 68' FILLED WITH SAND-GRAVEL		

Date Started 6-10-14 Completed 7-07-14

(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 1355 Date 7-15-14

Signed Arthur L. Jmy RECEIVED BY OWRD
Contact Info. (optional)

RECEIVED BY OWRD

JUL 21 2014

AUG 04 2014

SALEM, OR

ORIGINAL - WATER RESOURCES DEPARTMENT ONE COPY FOR CONSTRUCTOR ONE COPY FOR CUSTOMER
SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK

SALEM, OR

01/02/2009