

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

LAKE 52579

WELL LABEL # L 111734

START CARD # 196681

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

(1) LAND OWNER

Owner Well I.D. _____
First Name Larry Last Name Maxwell
Company _____
Address 23036 Maxwell Rd
City Lake View State OR Zip 97630

(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 ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)

Depth of Completed Well 260 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amount	Scks/lbs
20"	0	80	Bent	0	50	96	500
28"	50	77					
16"	77	260					

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

☒ Other Bent

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

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Liner	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		16"	+	1	77	1.190	X		X	

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	Liner	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	Drawdown	Drill stem/Pump depth	Duration (hr)
2000		5'	5 hr

Temperature 58° on analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below)

From	To	Description	Amount	Units
		OCT 20 2014		

(9) LOCATION OF WELL (legal description)

County Lake Twp 27 N or S Range 22 E or W W.M.
Sec 12 NW 1/4 of the SW 1/4 Tax Lot 1100
Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 57451 130th Ave NE
RD 11-14 OK 97758

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening	5-			140'
Completed Well	5-26-14			140'

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 160'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
5-26-14	160	165	500			140'
	165	260	1500			140'

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
SAND CLAY/BROWN	2	35
LAVA ROCK MITE	35	40
BROWN LAVA ROCK	40	80
FLAT LAVA ROCK	80	160
BROWN		
RED LAVA ROCK	160	180
RED LAVA ROCK	180	200
PINK LAVA ROCK	200	260
BROWN WB		

Date Started 5-23-14 Completed 5-26-14

(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 1654 Date 10-15-12

Signed Tom Searen

Contact Info. (optional) 361-576-2189