

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

LAKE 52593

WELL I.D. LABEL# L 1024840 117/53
START CARD # 1024840
ORIGINAL LOG #

2/25/2015

(1) LAND OWNER Owner Well I.D.
First Name JACK Last Name SPARROWK
Company
Address P.O. BOX 657
City CLEMENTS State CA Zip 97630

(2) TYPE OF WORK New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrd
Casing: Material From To Amt sacks/lbs
Seal:

(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 768.00 ft.

BORE HOLE SEAL sacks/lbs

Dia	From	To	Material	From	To	Amt	lbs
20	0	68	Cement w/2% Bentonit	0	68	98	S
16	68	420			Calculated	34.8	
12	420	768			Calculated		

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 _____
Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount Actual Amount

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd
 16 2 68 250
 12 3 417 250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method factory
Screens Type _____ Material _____
Perf/ Casing/Screen Screen Liner Dia From To Scrn/slot width Slot length # of slots Tele/pipe size
Perf Liner 12 217 417 .125 3 6080

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
1100 _____ 380 1
Temperature 60 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LAKE Twp 38.00 S N/S Range 17.00 E E/W WM
Sec 16 SW 1/4 of the SW 1/4 Tax Lot 500
Tax Map Number Lot
Lat _____ or _____ DMS or DD
Long _____ or _____ DMS or DD
 Street address of well Nearest address

84039 HIGHWAY 140 WEST
LAKEVIEW, OR. 97630

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 2/18/2015 _____ 95
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 320.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
2/18/2015	320	768	1100		95

(11) WELL LOG Ground Elevation 5000.00

Material	From	To
top soil	0	2
gravel-sandy clay	2	7
sandy clay with boulders	7	45
sand and gravel	45	57
obsidian	57	65
ryolite	65	105
ryolite with obsidian and cinder layers	105	188
broken ryolite	188	440
fractured obsidian	440	457
obsidian and broken claystone	457	490
broken grey claystone	490	546
fractured ryolite	546	552
fractured ryolite and claystone	552	570
broken gray claystone	570	705
broken ryolite	705	768

RECEIVED BY OWED
APR 23 2015
SALEM, OR

Date Started 11/3/2014 Completed 2/18/2015

(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 1940 Date 2/25/2015
Signed BENJAMIN FRY (E-filed)

(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 2/25/2015
Signed ARTHUR L FRY (E-filed)
Contact Info (optional)