

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

LAKE 52694

WELL I.D. LABEL# L 120022
START CARD # 1029089
ORIGINAL LOG #

2/25/2016

(1) LAND OWNER Owner Well I.D. _____
First Name DANNY L. Last Name CRON
Company LAURITA L. CRON
Address 26277 PLUSH ADEL RD.
City PLUSH State OR Zip 97637

(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 Thrld
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 431.00 ft.
BORE HOLE SEAL sacks/
Dia From To Material From To Amt lbs
24 0 78 Bentonite Chips 0 15 11 S
16 78 357 Calculated 11
12 357 431 Cement 15 78 68 S
Calculated 65
How was seal placed: Method A B C D E
 Other POURED DRY
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 Thrld
 16 2 78 .250
 12 3 357 .250
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method plasma cutter
Screens Type _____ Material _____
Perf/ Casing/Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Liner 12 117 357 .25 3 5928

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
750 _____ 220 2
Temperature 63 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 217 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LAKE Twp 37.00 S N/S Range 24.00 E E/W WM
Sec 16 NW 1/4 of the NW 1/4 Tax Lot 1500
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address

26277 PLUSH ADEL RD.
PLUSH, OR.

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration _____
Completed Well 2/12/2016 _____ 11
Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 65.00

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
2/12/2016	65	425	750		11

(11) WELL LOG Ground Elevation _____

Material	From	To
topsoil	0	3
sandy clay	3	12
sandy soil/small gravel	12	38
basalt	38	45
sandy clay	45	53
sandy clay w/gravel	53	65
broken basalt	65	70
basalt	70	82
broken basalt	82	91
broken red lava	91	97
hard fractured basalt	97	102
broken basalt/soft tan claystone	102	109
hard broken basalt	109	117
basalt w/red claystone	117	123
hard fractured basalt	123	147
broken basalt w/tan claystone	147	158
hard fractured basalt	158	162
soft claystone/sandstone conglomerate	162	170
hard broken basalt	170	175

Date Started 12/14/2015 Completed 2/11/2016

(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

This report was originally e-filed to the Department; the original e-filed document is attached.

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 2/25/2016

Signed ARTHUR L FRY (E-filed)

Contact Info (optional)

