

WELL I.D. LABEL#	L	119760
START CARD #		212515
ORIGINAL LOG #		

First Name Allen Last Name Leith
Company _____
Address Pc Box 53
City Lee State OK Zip 73601

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

	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
Casing:									
	Material		From	To	Amt	sacks/lbs			
Seal:									

☒ Rotary Air ☐ Rotary Mud ☐ Cable ☐ Auger ☐ Cable Mud
☐ Reverse Rotary ☐ Other

PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Community
☐ Industrial/ Commercial ☐ Livestock ☐ Dewatering
☐ Thermal ☐ Injection ☐ Other _____

BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 347 ft.

BORE HOLE			SEAL				sacks/ lbs
Dia	From	To	Material	From	To	Amt	
24"	0	22	Berit	0	22	80	
18"	22	397				Calculated	45
						Calculated	45

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

☒ Other 3/8 Bent

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

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

Exclusions and	Yes	Type	Amount
----------------	-----	------	--------

Proposed Amount	Pounds	Actual Amount	Pounds
-----------------	--------	---------------	--------

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	16'	☒	1	22	28	☒	☐	☒	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐
☐	☐		☐				☐	☐	☐	☐

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

Temp casing ☐ Yes Dia ☐ From ☐ To ☐

Perforations Method _____

Screens Type _____ Material _____

[illegible]

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

2500		397	1 hr
------	--	-----	------

Temperature 53° °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 300

From	To	Description	Amount	Units
------	----	-------------	--------	-------

From	To	Description	Amount	Unit

County Lake Twp 25 N/S Range 18 E/W WM
Sec 21 NE 1/4 of the gwc 1/4 Tax Lot 5100
Tax Map Number Lot

Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
C Street address of well C Nearest address

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well	7-22-16			69
Flowing Artesian?	☐	Dry Hole?	☐	

Depth water was first found 140

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
	140	140 $\frac{1}{2}$	25 gpm		
	230	347	25 gpm		

Ground Elevation

[illegible]

Date Started 4-8-16 Completed 4-25-16

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 _____

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 12-29-16

Signed

Contact Info (optional): _____