

(1) LAND OWNER

Owner Well I.D. _____
First Name Chaylon Last Name Shuffield
Company _____
Address _____
City Summer Lake State OR Zip 97640

(2) TYPE OF WORK

☒ New Well ☐ Deepening ☐ Conversion

☐ Alteration (complete 2a & 10) ☐ Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrd

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 320 ft.

BORE HOLE

Dia	From	To	Material	From	To	Amt	sacks/lbs
23"	0	39	Bent	0	39	240	
16"	39	279				Calculated	35
			279 Cement	279	320	145	
						Calculated	80

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

☒ Other 3/8 Perm 3 ml

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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
☒	☐	16"	+	1	39	.75	☒	☐	☒	
☒	☐	10"	+	-2"	279	.75	☒	☐	☒	

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

Temp casing ☐ Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/Screen	From	To	Scr/slot	Slot	# of	Tele/
reen	Liner	Dia	width	length	slots	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)

2500+		320	1 hr

Temperature 60' °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 390

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County Lake Twp 29 N/S Range 18 E/W WM

Sec 31 NE 1/4 of the NE 1/4 Tax Lot 601

Tax Map Number _____ Lot _____

Lat _____ " or _____ DMS or DD

Long _____ " or _____ DMS or DD

☐ Street address of well ☐ Nearest address

5080 Shuffield Rd Summer Lake OR

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	<u>10-27-17</u>			<u>18"</u>

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 50

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
<u>10-1-17</u>	<u>50</u>	<u>51'</u>	<u>100 gpm</u>			<u>4"</u>
<u>4-15-17</u>	<u>140</u>	<u>145</u>	<u>1500</u>			<u>4"</u>
<u>10-27-17</u>	<u>300</u>	<u>320</u>	<u>2500</u>			<u>15"</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
TOP SOIL	0	2
Brown clay	2	25
Blue clay	25	43
Brown sand	43	67
White clay	67	146
SOFT LAKE ROCK	146	279
Gray Basalt	279	300
Gray Lake Rock	300	320
Red clay		

RECEIVED

RECEIVED

APR 12 2018

DEC 12 2018

OWRD

OWRD

Date Started 6-9-17 Completed 11-03-17

(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 _____

Signed Th...

Contact Info (optional) _____