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

LAKE 52822

WELL I.D. LABEL# L 109506
START CARD # 197357
ORIGINAL LOG #

LAKE 52822

(1) LAND OWNER
Owner Well I.D.
First Name TERRY Last Name ELLENBURG
Company
Address P.O. Box 171362
City Boise State Id Zip 83717

(2) TYPE OF WORK
[X] 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
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger [ ] Cable Mud
[ ] Reverse Rotary [ ] Other

(4) PROPOSED USE
[X] Domestic [ ] Irrigation [ ] Community
[ ] Industrial/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION
Special Standard [ ] (Attach copy)
Depth of Completed Well 76 ft.

BORE HOLE

Dia	From	To
10 5/8	0	49
8	49	59
6	59	102

SEAL

Material	From	To	Amt	sacks/lbs
Bentonite Chips	0	49	21	SACKS
		Calculated	18	SACKS
		Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] 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 Pounds Actual Amount Pounds

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
[X]	[ ]	6	[X]	1	59	.250	[X]	[ ]	[X]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s)
Temp casing [ ] Yes Dia From To

(7) PERFORATIONS/SCREENS
Perforations Method
Screens Type Material

Perf/Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
X								

(8) WELL TESTS: Minimum testing time is 1 hour
( ) Pump ( ) Bailer (X) Air ( ) Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
75+		76	3

Temperature 52 °F Lab analysis [ ] Yes By
Water quality concerns? [ ] Yes (describe below) TDS amount 171

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Lake Twp 25 S Range 19 E WM
Sec 36 E½ SW 1/4 of the SW 1/4 Tax Lot 10,000
Tax Map Number Lot
Lat ° ' " or DMS or DD
Long ° ' " or DMS or DD
( ) Street address of well ( ) Nearest address
6½ miles EAST ON LOST FOREST Rd ON NORTH Side OF Road

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	4-10-18		[ ]	27.5

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 70

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
4-10-18	70	76	75+		[ ]	27.5
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG
Ground Elevation

Material	From	To
Top Soil Sandy BRN	0	3
CLAY BRN	3	21
CLAY GREEN	21	70
BLACK SAND BLACK FINE	70	76
CINDERS BLACK BROKEN	76	102

CINDERS WERE DRY, BLACK SAND FILLED TO BOTTOM OF DRILL STEM WHILE BLOWING AT 76 FEET

RECEIVED
APR 18 2018
OWRD

RECEIVED
MAY 24 2018
OWRD

Date Started 4-3-18 Completed 4-10-18

(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 657 Date 4-13-18
Signed Claude Blackman
Contact Info (optional)

ORIGINAL - WATER RESOURCES DEPARTMENT
THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK Form Version: 0.95