LAKE 52954

Amended 6/18/2019

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

WELL I.D. LABEL# L 109508
START CARD # 197359
ORIGINAL LOG # LAKE 52954

(1) LAND OWNER Owner Well I.D. _____
First Name NICOLETTA Last Name MAKRIS
Company _____
Address 494 VILLAGE DR
City TARPON SPRINGS State FLORIDA Zip 34689

(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/ Commericial ☐ Livestock ☐ Dewatering ☐ Thermal ☐ Injection ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard ☐ (Attach copy)
Depth of Completed Well 150 ft.

BORE HOLE

Dia	From	To
10 3/8	0	50
8	50	58
6	58	150

SEAL

Material	From	To	Amt	sacks/lbs
BENTONITE	0	50	1200	X
		Calculated	900	X
		Calculated		

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other 3/8 BENTONITE CHIPS POURED
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
☒	☐	6	☒	1	58	250	☒	☐	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

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
10+		150	1 HR.

Temperature 52 °F Lab analysis ☐ Yes By _____
Water quality concerns? ☐ Yes (describe below) TDS amount 240

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County LAKE Twp 26 ☒S Range 19 E☐ WM
Sec 33 NW 1/4 of the SE 1/4 Tax Lot 1100
Tax Map Number _____ Lot _____
Lat ___ ° ___ ' ___ " or _____ DMS or DD
Long ___ ° ___ ' ___ " or _____ DMS or DD
○ Street address of well ○ Nearest address
2 mi NORTH FOSSIL LAKE Rd. 2 mi. EAST
½ mile NORTH, ¼ mile EAST

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well 150'	5-15-19			36

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES Depth water was first found 141

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5-15-19	141	141.1	10+			36

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL SANDY BRN	0	2
CLAY BROWN	2	51
CLAY GREEN	51	93
CLAY BROWN	93	98
CLAY GREEN	98	141
SAND BLACK FINE	141	141.1
CLAY BROWN	141.1	150

RECEIVED MAY 22 2019 OWRD
RECEIVED JUN 17 2019 OWRD

Date Started 5-14-19 Completed 5-15-19

(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 5-17-19
Signed Claude Blackburn
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