LAKE 52955

Amended 7/5/2019

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

WELL I.D. LABEL# L 109509
START CARD # 197360
ORIGINAL LOG # LAKE 52955

(1) LAND OWNER Owner Well I.D. _____
First Name Joshua Last Name Swilley
Company _____
Address 86318 Timothy LN.
City Christmas Valley State OR Zip 97641

(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 275 ft.

BORE HOLE Dia	From	To	Material	SEAL From	To	Amt (8 sacks/lbs)	
10 3/8	0	18.5	Bentonite	0	18.5	400	X
6	18.5	275			Calculated	275	X
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] 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
X		6		1	18.5	.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

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(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		275	1 hr.

Temperature 51 °F Lab analysis [ ] Yes By _____
Water quality concerns? [ ] Yes (describe below) TDS amount 215

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Lake Twp 27 N/S Range 17 E/W WM
Sec 28 CB ~~SE~~ 1/4 of the SW 1/4 Tax Lot 01000
Tax Map Number NW Lot _____
Lat _____ ° _____ ' _____ " or _____ DMS or DD
Long _____ ° _____ ' _____ " or _____ DMS or DD
[X] Street address of well ○ Nearest address
86318 Timothy LN. Christmas Valley Or 97641

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration				
Completed Well 275	5-26-19		X	85

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
5-26-19	245	255	10 gal		X	85

(11) WELL LOG Ground Elevation _____

Material	From	To
Top Soil Sandy BRN	0	4
CLAY BRN	4	72
Rock BLK, BROWN Med.	72	75
CLAY DARK GRAY	75	245
Rock BLK BROKEN	245	255
CLAY GRAY	255	275

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Date Started 5-21-19 Completed 5-26-19

(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 5-26-19
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