

STATE OF OREGON
WATER SUPPLY WELL REPORT

LAKE 53462

WELL I.D. LABEL# L

154505

START CARD #

1075661

ORIGINAL LOG #

(as required by ORS 537.545 & 537.765 and OAR 690-205-0210)

1/30/2025

(1) LAND OWNER

Owner Well I.D. _____

First Name _____ Last Name _____

Company TOWN OF LAKEVIEW

Address 525 N. 1ST STREET

City LAKEVIEW State OR Zip 97630

(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 FLOODED REVERSE

(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 475.00 ft.

BORE HOLE			SEAL			sacks/
Dia	From	To	Material	From	To	lbs
24	0	500	Bentonite Chips	0	17	4800 P
					Calculated	3915
			Cement	17	270	72706 P
					Calculated	49561

Seal placement method: ☐ A ☐ B ☒ C ☐ D ☐ E ☐ Other: _____

Backfill placed from 480 ft. to 500 ft. Material BENTONITE CHIPS

Filter pack from 273 ft. to 423 ft. Material SAND Size 8/12

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 12/4/2024 Begin Time 10 00

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

C/L	Dia	+ From To Gauge	Mat. Type	Wld	Thrd	Shoe	Shoe Location
C	16	☒ 2 305 0.375	ST	☒			

Temp casing ☒ Yes Dia 30 From + ☐ 0 To 13

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type Wire Wrap Material Stainless Steel

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrm/slot width	Slot length	# of slots	Tele/ Pipe size
Screen	Casing	16	305	365	.03			Pipe Size
Screen	Casing	16	365	475	.02			Pipe Size

(8) WELL TESTS: Minimum testing time is 1 hour

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Pump	1350	260	300	24

Temperature 79 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 234 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County LAKE Twp 39.00 S N/S Range 20.00 E E/W WM

Sec 16 SE 1/4 of the NE 1/4 Tax Lot 300

Tax Map Number _____ Lot _____

Lat _____ " or 42.18751828 DMS or DD

Long _____ " or -120.36031313 DMS or DD

☒ Street address of well ☐ Nearest address

1690 S. 3RD ST. LAKEVIEW, OREGON 97630

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	1/28/2025			60
Flowing Artesian? ☐ Dry Hole? ☐				

WATER BEARING ZONES

Depth water was first found 60.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
10/18/2024	60	62	1350			60
10/19/2024	69	70	1350			60
10/28/2024	71	75	1350			60
10/28/2024	88	92	1350			60
10/29/2024	96	97	1350			60

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top soil	0	6
Med-coarse brown sand	6	27
Brown clay	27	28
Coarse brown sand w/some gravel	28	33
Sticky brown clay	33	34
Med-coarse brown sand w/gravel	34	35
Sticky brown clay	35	40
Med-coarse brown sand	40	42
Brown clay w/med-coarse sand seam	42	55
Blue clay	55	58
Coarse blue sand w/gravel	58	62
Blue clay	62	69
Sandy brown clay w/brown sand	69	70
Brown clay	70	71
Med-coarse brown sand	71	75
Blue clay w/fine-coarse sand seam	75	94
Brown clay	94	96
Med-coarse blue sand	96	97
Blue clay	97	105

Construction

Begin Date 10/14/2024 Begin Time 14 30 End Date 1/28/2025

(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 1505 Date 1/30/2025

Signed TERRY DAUGHERTY (E-filed)

Drilling Company: Riverside Inc.

ORIGINAL - WATER RESOURCES DEPARTMENT

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

New exempt use wells must be submitted with a map and recording fee.

WATER SUPPLY WELL REPORT - Map with location identified must be attached and shall include an approximate scale and north arrow

LAKE 53462

1/30/2025

Map of Hole

STATE OF OREGON WELL LOCATION MAP

This map is supplemental to the WATER SUPPLY WELL REPORT

Oregon Water Resources Department

725 Summer St NE, Salem OR 97301
(503)986-0900



LOCATION OF WELL

Latitude: 42.18751828 Datum: WGS84

Longitude: -120.36031313

Township/Range/Section/Quarter-Quarter Section:
WM39.00S20.00E16SENE

Address of Well:

1690 S. 3RD ST. LAKEVIEW, OREGON 97630

Well Label: 154505

Printed: January 30, 2025

DISCLAIMER: This map is intended to represent the approximate location the well. It is not intended to be construed as survey accurate in any manner.

Provided by well constructor

