

STATE OF OREGON
WATER SUPPLY WELL REPORT

LAKE 55211

WELL I.D. LABEL# L

Page 1 of 2

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

6/29/2026

START CARD #
ORIGINAL LOG #

151919
1080892

(1) LAND OWNER

Owner Well I.D. _____
First Name THERESA Last Name CLIFF
Company BELL "A" LAND & CATTLE COMPANY, INC.
Address PO BOX 98
City LAPINE State OR Zip 97739

(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
☐ 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 329.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
21	0	140	Bentonite Chips	0	5	9	S
12	140	329			Calculated	6.67	
			Cement	5	138	162	S
					Calculated	104.31	

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

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: ☐ Type _____ Amount _____

Seal Placement Begin Date 3/17/2026 Begin Time 12 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	☒ 1 138 0.250	ST	☒			
L	12	☐ 118 318 0.250	ST	☒			

Temp casing ☐ Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Factory Saw

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Screen Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ Pipe size
		12	238	318	.125	3	3200	

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

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

Temperature 56 °F Lab analysis ☐ Yes By _____

Water quality concerns? ☐ Yes (describe below) TDS amount 265 mg/L
From To Description Amount Units

(9) LOCATION OF WELL (legal description)

County LAKE Twp 28.00 S N/S Range 14.00 E E/W WM

Sec 15 SE 1/4 of the SW 1/4 Tax Lot 100

Tax Map Number _____ Lot _____

Lat _____ " or 43.13492000 DMS or DD

Long _____ " or -121.04609000 DMS or DD

☒ Street address of well ☐ Nearest address

65325 HIGHWAY 31, SILVER LAKE, OR

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	4/10/2026			58
Flowing Artesian?	☐			
Dry Hole?	☐			

WATER BEARING ZONES

Depth water was first found 8.00

SWL Date From To Est Flow SWL (psi) + SWL (ft)

1/15/2026	8	24	15		8
3/25/2026	210	230	200		58
3/26/2026	230	320	2000		58

(11) WELL LOG

Ground Elevation 4345.48 FT

Material	From	To
Brown Clay	0	6
Black & Brown Clay	6	24
Black Sand	24	55
Black Sand with Pumice	55	82
Hard Gray Lava	82	87
Black & Gray Sandstone	87	128
Medium Gray Rock with Black Sand & Pumice Streaks	128	155
Black Sand & Pumice	155	208
Brown Sandstone with Red Cinder Mix	208	230
Brown Claystone	230	286
Gray Broken Rock Seams of Black Sand	286	320
Gray Broken Rock	320	329

Construction

Begin Date 1/7/2026 Begin Time 08 50 End Date 4/10/2026

(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 1385 Date 6/29/2026

Signed ROBERT BUCKNER (E-filed)

Drilling Company: Western Water Development, Corp.

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 55211

6/29/2026

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: 43.13492000 Datum: WGS84

Longitude: -121.04609000

Township/Range/Section/Quarter-Quarter Section:
WM28.00S14.00E15SESW

Address of Well:

65325 HIGHWAY 31, SILVER LAKE, OR

Well Label: 151919

Printed: April 13, 2026

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

