

STATE OF OREGON
WATER SUPPLY WELL REPORT

LAKE 55253

WELL I.D. LABEL# L

159359

START CARD #

1082504

ORIGINAL LOG #

LAKE

51925

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

9/17/2026

(1) LAND OWNER

Owner Well I.D. _____

First Name JOYCELast Name HANSON

Company _____

Address 59047 THOMAS RDCity FORT ROCKState ORZip 97735**(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
					☐	☐	☐	☐

Seal:

Material	From	To	Amt	sacks/lbs

(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 820.00 ft.

BORE HOLE				SEAL			
Dia	From	To	Material	From	To	Amt	sacks/lbs
20	0	165	Bentonite	0	65	240	S
14	165	775	Calculated			80	
6	775	820	Cement	65	165	176	S
			Calculated			265	

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 7/7/2026 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	Location
C	8	☒	1.3	775	0.250	ST	☒			
C	14	☒	1	167	0.250	ST	☒			

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

Type of Test	Yield (gal/min)	Drawdown	Drill Stem/ Pump Depth	Duration (hr)
Air	200		820	1

Temperature 59 °F Lab analysis ☐ Yes By _____Water quality concerns? ☐ Yes (describe below) TDS amount 299 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)County LAKE Twp 26.00 S N/S Range 16.00 E E/W WMSec 29 SW 1/4 of the NW 1/4 Tax Lot 7400

Tax Map Number _____ Lot _____

Lat _____ ° _____ ' _____ " or 43.28657000 DMS or DD

Long _____ ° _____ ' _____ " or -120.85803000 DMS or DD

☒ Street address of well ☐ Nearest address59047 THOMAS RD FORT ROCK OR 97735**(10) STATIC WATER LEVEL**

	Date	SWL (psi)	+	SWL (ft)
Existing Well / Pre-Alteration				
Completed Well	8/21/2026			45
Flowing Artesian? ☐		Dry Hole? ☐		

WATER BEARING ZONES

Depth water was first found 60.00

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
8/14/2026	60	65	50			45
8/18/2026	800	820	200			45

(11) WELL LOGGround Elevation 4320.91 FT

Material	From	To
top soil	0	2
brown clay stone	2	35
green clay stone	35	65
gray clay stone	65	186
yellow clay stone	186	193
gray clay stone	193	336
blue clay stone	336	432
green clay stone	432	523
gray clay stone	523	665
lava rock	665	790
broken lava rock	790	820

Construction

Begin Date 6/22/2026 Begin Time 11 00 End Date 8/21/2026**(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 1654 Date 9/17/2026Signed TOM SEARCH (E-filed)Drilling Company: tom search

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 55253

9/17/2026

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: 43.28657000 Datum: WGS84

Longitude: -120.85803000

Township/Range/Section/Quarter-Quarter Section:
WM26.00S16.00E29SWNW

Address of Well:

59047 THOMAS RD FORT ROCK OR 97735

Well Label: 159359

Printed: September 17, 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

