

STATE OF OREGON
WATER SUPPLY WELL REPORT
 (as required by ORS 537.765)

WELL I.D. # L. 60681
 START CARD # 152659

Instructions for completing this report are on the last page of this form.

(1) OWNER: Well Number _____
 Name Shirley Lopez
 Address P.O. Box 6
 City Silver Lake State Oregon Zip 97638

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 150 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
11	0	49	BENTONITE	0	49	27 SACKS	
8	49	77					
6	77	150					

How was seal placed: Method A B C D E
 Other 3/4" Hole plug poured

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

Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	1	77	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>NONE</u>							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
40		100	1 hr.

Temperature of water 49° Depth Artesian Flow Found _____
 Was a water analysis done? NO Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County LAKE Latitude _____ Longitude _____
 Township 28 S Range 15 E WM.
 Section 15 SE 1/4 SE 1/4
 Tax Lot 701 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) APPROX 1/2 MILE FROM HIGHWAY 31 ON WEST SIDE OF ARROW GAP RD

(10) STATIC WATER LEVEL:
53' ft. below land surface. Date 3-28-05
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110	150	40 GAL/min	53

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL SANDY BAN WITH BOULDERS	0	8	
ROCK BLACK HARD	8	49	
SAND FINE BAN	49	73	
ROCK BLK MED	73	101	
ROCK BLACK MED BROKEN WITH LITTLE BROWN CLAY			
LAYERS WATER BEARING	101	150	53

RECEIVED

APR 04 2005

WATER RESOURCES DEPT
 SALEM, OREGON

Date started 3-15-05 Completed 3-28-05

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, 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.
 WWC Number _____
 Signed _____ Date _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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.
 WWC Number 657
 Signed Charles Blackman Date 3-28-05