

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

*Done*  
 1324

RECEIVED RECEIVED

JUL 06 1987

AUG 31 1987

185/3W-13CA  
 LAKE

**(1) OWNER:**

Name BETTY DUNKER  
 Address 34956 SEAVEY LOOP RD.  
 City EUGENE, ORE State ORE Zip 97405

**(2) TYPE OF WORK:**

New Well  Deepen  Recondition  Abandon

**(3) DRILL METHOD**

Rotary Air  Rotary Mud  Cable

Other

**(4) PROPOSED USE:**

Domestic  Community  Industrial  Irrigation  
 Thermal  Injection  Other

**(5) BORE HOLE CONSTRUCTION:**

Special Construction approval Yes  No  Depth of Completed Well \_\_\_\_\_ ft.  
 Explosives used Yes  No  Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
10"	0	38'	CEMENT	0	38'	14 SACKS
6"	38'	300'				

How was seal placed: Method  A  B  C  D  E

Other

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_

Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

**(6) CASING/LINER:**

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing	6"	+2'	38'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) \_\_\_\_\_

**(7) PERFORATIONS/SCREENS:**

Perforations Method \_\_\_\_\_  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min 10 GPM Drawdown \_\_\_\_\_ Drill stem at 300' Time 1 hr.

Temperature of water 52 Depth Artesian Flow Found \_\_\_\_\_

Was a water analysis done?  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 CLATSOP Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
 SALEM, OREGON  
 Township 18S N or S, Range 3W E or W, WM.  
 Section 13 NE 1/4 SW 1/4  
 Tax Lot \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 34956 SEAVEY LOOP RD. EUGENE ORE

**(10) STATIC WATER LEVEL:**

20' ft. below land surface. Date 5-19-87  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

**(11) WATER BEARING ZONES:**

Depth at which water was first found 12'

From	To	Estimated Flow Rate	SWL
12	18	12 GPM	12'
255	260	10 GPM	20'

**(12) WELL LOG:**

Ground elevation \_\_\_\_\_

Material	From	To	SWL
TOP SOIL	0	6	
GREY CLAYSTONE MED. BROWN	6	52	12'
BROWN	52	56	
GREY	56	81	
BLACK	81	85	
BROWN	85	90	
GREY	90	300	20'

Date started 5-14-87 Completed 5-19-87

**(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Glen White WWC Number 1248  
 Date 5-19-87

**(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Harold White WWC Number 630  
 Date 5-24-87