

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

**LANE
2028**

15S/46W/29 da
 (START CARD) # 28730

(1) OWNER: Well Number: 1037
 Name Reerslev Farms
 Address 220 E 18th St
 City Junction City State OR Zip 97448

(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 42 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
16"	0'	18'	Cement	0'	18'	14 Sacks
12"	18'	42'				

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	12"	1'	42'	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) 42'

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19'	38'	3/8"	1/100			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 600+ Drawdown _____ Drill stem at 42 ft 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 Lane Latitude _____ Longitude _____
 Township 15 S N of S Range 4 W E of W W.M.
 Section 29 NE 1/4 SE 1/4
 Tax Lot 02600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 4/25/91
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 19 ft

From	To	Estimated Flow Rate	SWL
19'	38'	600+	6'

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Sandy loam	0	14	0
Cemented Gravel	14	19	6
Sand & Gravel	19	33	6
Cemented Gravel	33	35	6
Sand & Gravel	35	42	6

RECEIVED

MAY 17 1991

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 4/19/91 Completed 4/25/91

(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 _____ WWC Number _____
 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Donald J. Foring WWC Number 757
 Date 4/29/91