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 023516
 (START CARD) # 8385
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STATE OF OREGON
 WATER WELL REPORT
 (as required by ORS 537.765)

(1) OWNER: Well Number: _____
 Name Umpqua National Forest
 Address P.O. Box 1008
 City Roseburg State OR Zip 97470

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
9 7/8"	0	23	Cement	0	23	12 sacks
6"	23	210				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 9 7/8"	+1	23	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	210	40	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 23 ft.

(7) PERFORATIONS/SCREENS:
 Perforations Method saw cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	210	1/8x5	170	4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
23		65	1 hr.
52		200	

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 21 N of 1 Range 1 E of W, WM.
 Section 31 NW 1/4 NW 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Laying Creek Work
Center Forest Service Road 17

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date 5/11/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 60 ft.

From	To	Estimated Flow Rate	SWL
58	62	23	27
175	182	52	27

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown Clay, Med. Gravel	0	6	
Med. Gravel	6	13	
Red Clay	13	38	27
Blue/Green Clay	38	42	27
Green Sandstone	42	73	27
Gray Sandstone, Gray Clay	73	112	27
Basalt	112	139	27
Red Lava	139	146	27
Gray Sandstone (Some Clay)	146	178	27
Brown Decomposed Sandstone	178	180	27
Basalt	180	210	27

Date started 5/10/89 Completed 5/11/89

(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 [Signature] WWC Number 1284
 Date 5/15/89