

APR 24 1990

LANE 029 165/4w/6ab

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 18571

(1) OWNER: Well Number: _____
Name LARRY TARDIE
Address 29029 SCHNORRENBERG LN
City EUGENE State OREGON 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 152 ft.
Yes No
Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	21	CEMENT	0	21	10
6	21	98				
4 1/2	98	122				
4	122	152				

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	Steel		Plastic		Welded		Threaded	
					Yes	No	Yes	No	Yes	No	Yes	No
Casing:	6	+2'	98	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2	2	102	160 PSI	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 98'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
102	122	10			4 1/2"	<input type="checkbox"/>	<input type="checkbox"/>
122	152	10			4"	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing
 Artesian

Yield gal/min _____ Drawdown AIR LINE Drill stem at _____ Time _____

Yield gal/min	Drawdown	Time
120	145	21 HRS

Temperature of water _____ 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 16S N or S, Range 4W E or W, WM.
Section 6 NW 1/4 NE 1/4
Tax Lot 1101 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1085 WEST FIRST, JUNCTION CITY, OREGON 97448

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 4-13-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 16'

From	To	Estimated Flow Rate	SWL
22	39	20-75	8
58	150	25-75	8

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL + DIRT	0	4	
BOULDERS, GRAVEL, SAND	4	16	
LARGE-MEDIUM GRAVEL-COMPACT	16	21	
LARGE-MEDIUM GRAVEL-SAND (WB)	21	40	8
FINE SAND + CLAY	40	58	
MEDIUM SAND (WB) CLEAN	58	60	8
FINE-MEDIUM SAND - WOOD (WB)	60	108	8
MEDIUM SAND (WB) CLEAN	108	109	8
FINE-MEDIUM SAND - WOOD-HEAVY	109	150	8
FINE SAND (WB) TIGHTER-LESS	150	152	8
WATER - DID NOT HEAVE			
SET SCREEN TO THIS DEPTH			

Date started 3-28-90 Completed 4-13-90

(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 Dell Page WWC Number 104
Date 4-13-90

(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 Dell Page WWC Number 104
Date 4-13-90