

2

LANE
3262

17S/2W/26CC

36821

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

(START CARD) # 36821

(1) OWNER: Well Number: _____
Name WALLACE Ruff
Address 1873 GARDEN AVE
City EUGENE State ORE Zip 97403

(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 49 1/2 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	CEMENT	0	18	8
6"	18	49 1/2				

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"	18	48'-8"	1.250	<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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of sheets) 48'-8"

(7) PERFORATIONS/SCREENS:

Perforations Method Torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
43-8	48-8	9/32	42	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 309pm Drawdown 26 Drill stem at Pump at 259pm Time 1 hr.

Temperature of water 54°F Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom none
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: Did Not Drill Thru

(9) LOCATION OF WELL by legal description:
County LANE Latitude _____ Longitude _____
Township 17 N or S Range 2 E or W M.
Section 26 SW 1/4 SW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) N/A

(10) STATIC WATER LEVEL:
18 ft. below land surface. Date 9-26-92
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES;

Depth at which water was first found 47'

From	To	Estimated Flow Rate	SWL
47	48'-8"	309pm	18

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
OVER BURDEN	0	6	
CEMENTED GRAVEL	6	47	
SAWD + GRAVEL	47	48 1/2	18

RECEIVED

SEP 29 1992

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-23-92 Completed 9-26-92

(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 Gerald V. [Signature] WWC Number 639
Date 9-27-92