

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

LANE
3357

LANE 3357
NOV 27 1992

15S/4W/32db
39593

WATER RESOURCES DEPT. (START CARD) # 39593

(1) OWNER: Well Number **39593**
Name **JUNCTION CITY**
Address **CITY HALL**
City **JUNCTION CITY** State **OR** Zip **97148**

(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 **245** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
18	0	20	CEMENT	0	20	31
16	20	88	" "	20	88	73
12	88	245				

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:	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
	12	+3'	105	.330	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10" I.D.	100	106	570	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10" I.D.	236	245	570	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: **NONE**

Final location of shoe(s) **105 SLIM SHOES**

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type **VEE WIRE** Material **STAINLESS**
JOHNSON

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
K	PACHER		102			<input type="checkbox"/>	<input type="checkbox"/>
106	176	.030			12"	<input type="checkbox"/>	<input type="checkbox"/>
176	196	.025			12"	<input type="checkbox"/>	<input type="checkbox"/>
196	216	.010			12	<input type="checkbox"/>	<input type="checkbox"/>
216	236	.025			12	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
800	80		1 hr.
800	80		56 HR
WELL OUT PUT MAY FLUCTUATE			

Temperature of Water **52°F** 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 **15S** N or S. Range **4W** E or W. WM. _____
Section **32** NW 1/4 SE 1/4 _____
Tax Lot **7200** Lot **6** Block **20** Subdivision **JC ORIGINAL PART**
Street Address of Well (or nearest address) **N.E. CORNER 8TH & DEAN STREETS**

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

(11) WATER BEARING ZONES:
Depth at which water was first found **26.5**

From	To	Estimated Flow Rate	SWL
106	236	800	28.62

(12) WELL LOG: **OCT 30 1992**
Ground elevation _____
WATER RESOURCES DEPT.

Material	From	To	SWL
TOP SOIL	0	6	
SILTY SAND	6	8	
SAND & GRAVEL SMALL CLAY STRINGS	8	26.5	
COURSE GRAVEL W/FINE SAND	26.5	37.5	27
BROWN CLAY	37.5	41	NO HOLES
BLUE CLAY	41	66	
COURSE SANDY CLAY	66	72	
BLUE CLAY	72	105	
COURSE SAND	105	115	
SAND W/ SILT	115	135	
SAND W/ CLAY	135	142	
COURSE SAND PEA GRAVEL LENS	142	160	
COURSE SAND CLAY STRINGER	160	165	
COURSE SAND W/ WOOD	165	186	
COURSE SAND W/ PEA GRAVEL & WOOD	186	200	28.6
FINE SAND	200	205	
COURSE SAND W/ PEA GRAVEL & WOOD	205	225	
FINE SAND	225	230	
COURSE SAND	230	237	
FINER SAND	237	240	
COURSE SAND	240	245	
SAND SILT (SAMPLED NOT DALL)	245	252	

Date started **2-26-92** Completed **10-9-92**
(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.

WWC Number _____
Signed _____ Date _____

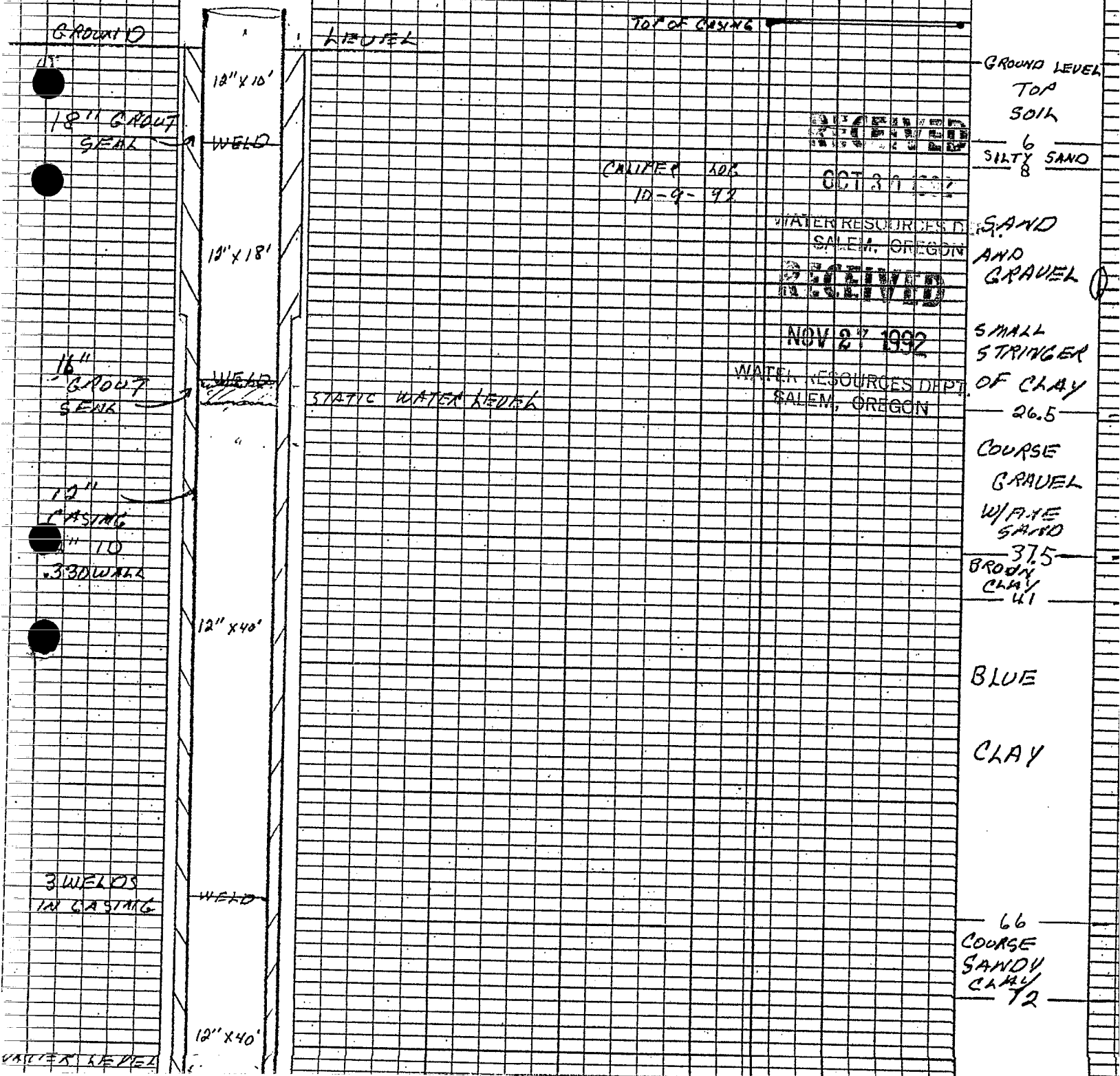
(bonded) Water Well Constructor Certification:
I accept responsibility for the construction, alteration, or abandonment work performed on this well during the construction dates reported above. All work performed during this time is in compliance with Oregon well construction standards. This report is true to the best of my knowledge and belief.
WWC Number **97**
Signed _____ Date **10-13-92**

JUNCTION CITY
DEAL ST WELL

CALIPER LOG
39593

AS BUILT

DRILLERS
LOG



GROUND LEVEL
TOP
SOIL

6
SILTY SAND

SAND
AND
GRAVEL

SMALL
STRINGER
OF CLAY
26.5

COURSE
GRAVEL
W/ FINE
SAND
37.5
BROWN
CLAY
41

BLUE
CLAY

66
COURSE
SANDY
CLAY
72

RECEIVED

OCT 31 1992

WATER RESOURCES DEPT
SALEM, OREGON

RECEIVED

NOV 27 1992

WATER RESOURCES DEPT
SALEM, OREGON

CALIPER LOG
10-9-92

LEVEL

TOP OF CASING

STATIC WATER LEVEL

18" x 10'

10" x 18'

12" x 40'

12" x 40'

GROUND

1 1/2" GROUT
SEAL

1 1/2" GROUT
SEAL

12" CASING
1" ID
330 WALL

3 WELDS
IN CASING

WELD

WELD

WELD

WATER LEVEL

LANE 3357

COURSE SANDY CLAY 72

12" x 40'

WATER LEVEL DURING PUMP TEST
DRAW DOWN 56.56'
800 A.M.

86
88'

BLUE CLAY

RECEIVED
NOV 27 1992

WATER RESOURCES DEPT.
SALEM, OREGON

2-20" O.D. SLOT
80"
PACIFIER
STEM ASSEMBLY
6" MIN. I.D.
10" I.D.
JOHNSON
STAINLESS
12" TELESCAPE
SCREEN
WELD RING
ADD 3" TO EACH SCREEN

L

.030
12" TEL
x 10

.030
12" TEL
x 20'

.030

.030

105
COURSE SAND

115
SAND W/SILT

135
SAND WITH CLAY

150
TOP CRISTAL
150
TOP GRAVEL

142
COURSE SAND
PEA GRAVEL
WENS

160
COURSE SAND
CLAY STRINGER

165
COURSE SAND
W/WOOD

175

LANE 3357

150
TOP CASIN
150
TOP GRAVEL

COURSE
SAND
PEA GRAVEL
LENS

RECEIVED

NOV 27 1992

WATER SOURCES DEPT.
SALEM, OREGON

160
COURSE
SAND
CLAY STAINING
165

COURSE
SAND
W/WOOD

175
COURSE
SAND
W/WOOD

186
COURSE
SAND
W/PEA GRAVEL
& WOOD

200
FINE
SAND SILTY
205

COURSE
SAND
W/PEA GRAVEL
& WOOD

225
FINER
SAND
230
COURSE
SAND

237
FINER SAND
240
COURSE
SAND
245
SAND
SILT
BROWN
WATER

.030

.030

.025

.010

.025

8 1/2" ID
10" TALL
PIECE
STEEL PART

RECEIVED	
OREGON HEALTH DIVISION ONLY:	
Received Date:	JUL 20 1999
	County Well Log ID #
	<u>LANE 3357</u>
WATER RESOURCES DEPT. SALEM, OREGON	

WELL IDENTIFICATION LABEL ATTACHMENT FORM
(OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER: _____ **OWNER (S) WELL NO:** 8th + Deal

Name: Junction City Water Utilities

Mailing Address: P.O. Box 250

City: Junction City State: OR Zip: 97448 Phone: (541) 998-3125

CONTACT PERSON:

NAME: David Renshaw PHONE # 541-998-3125

THIS FORM IS ONLY TO BE USED FOR WELLS WITH
POSITIVELY IDENTIFIED
WATER SUPPLY WELL REPORTS.

O.H.D. OFFICIAL USE ONLY

TOWNSHIP: 15 N (S) RANGE: 4 E (W) SECTION: 32 TAX-LOT: _____

Well Identification Label : L- 30708

LABEL ATTACHED BY: Dennis Neeson DATE: 7/19/99
(O.H.D. OFFICIAL)

(WATER SUPPLY WELL REPORT MUST BE ATTACHED!)

Please Return Completed Form to: **Larry D. McQueen**
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310