

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

LANE
3360

(START CARD) # 44287
20s/5w/2da

(1) OWNER: Well Number 44287
 Name KING ESTATES VINEYARD
 Address 30414 LE BIEU PL
 City EUGENE State OR 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 275 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount	
Diameter	From	To	Material	From	To
10	0	26	CEMENT 580BX	0	26
6	26	275			7

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: 6	1.7'	26	7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>NONE</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NONE

(7) PERFORATIONS/SCREENS: NONE
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
 Artesian
 Yield gal/min 35 Drawdown 250 Drill stem at 275 Time 1 hr.
WELL OUTPUT 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 20S N or S. Range 5W E or W. WM. _____
 Section 2 NE 1/4 SE 1/4 _____
 Tax Lot 701 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 27607 DACHARD
LANE LORRAINE OR

(10) STATIC WATER LEVEL:
23 ft. below land surface. Date 9-28-92
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 261

From	To	Estimated Flow Rate	SWL
261	275	35	23

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	19	
BLUE GRAY/MARINE SS	19	275	23

RECEIVED
 OCT 30 1992
 WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 8-28-92 Completed 9-9-92

(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 10-5-92