

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

LANE
4221

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OCT - 6 1993

(START CARD) #

58018

163/3w/32a

(1) OWNER:

Well Number _____
 Name ERWIN C. Whitaker
 Address Rt 2 Box 359
 City Eugene State OR Zip 97401

WATER RESOURCES DEPT.

(9) LOCATION OF WELL by legal description:

County LANE Latitude _____ Longitude _____
 Township 16S N or S. Range 3W E or W. WM. _____
 Section 32 SE $\frac{1}{4}$ NE $\frac{1}{4}$ _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 91216 Coburg
Rd, Coburg, OR

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
14"	0 20	Bentnite	0 20	215	sacks
10"	20 163				

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: 10"	0	163	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 163

(7) PERFORATIONS/SCREENS:

Perforations Method Oil Perforator
 Screens Type Hotte Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	160	1"	980	1/4		<input checked="" 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 _____
300+ _____ 160 _____ 1 hr.

Temperature of Water 54 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: _____

(10) STATIC WATER LEVEL:

28 ft. below land surface. Date 9-24-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 61

From	To	Estimated Flow Rate	SWL
61	80	15	28
80	105	80	28
105	115	100+	28
115	163	300+	28

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Soil	Brown	0	0
Clay	Brown	6	14
Clay	tan	14	61
Sand	Black	61	80
Sand & Gravel		80	105
Sand	Black	105	115
Sand & Gravel		115	163

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WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9-18-93 Completed 9-24-93

(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 1563
 Signed [Signature] Date 10-3-93