

2

REGISTERED

LANE 4528

19s/12w/3ad
61216

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

MAR 11 1994
WATER RESOURCES DEPT.
SALEM, OREGON

LANE
4528

(START CARD) #

(1) OWNER: Well Number 994
Name Jesse T. James ODD Fellow Park
Address 04906 S. Jolly Rd.
City Florence State OR Zip 97439

(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 Private Campground

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 135 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	30'	Cement	0'	30'	6 Sacks
6"	30'	135'				

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"	72'	120'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	3'	120'	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type Sub Flow Material Stainless Steel

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120'	135'	1008		5'		<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
50 GPM	115k		1 hr.

Temperature of Water 55° 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 19S N or S. Range 12W E or W. WM. _____
Section 03 SE $\frac{1}{4}$ NE $\frac{1}{4}$ _____
Tax Lot 101-102 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:
68 ft. below land surface. Date 2/28/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 120'

From	To	Estimated Flow Rate	SWL
120'	135'	50 GPM	68'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	0'
Brown Clay	2	6	0'
Sandy Clay - Brown	6	37	0'
Brown Sand	37	94	0'
Light Grey Sand	94	108	0'
White Sand	108	136	68'
Dark Grey Sand	136	137	68'

Date started 2/15/94 Completed 2/28/94

(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 [Signature] WWC Number 1411
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 Donald J. Faring WWC Number 751
Date 2/28/94