

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

LANE
5005

RECEIVED

AUG 31 1994

175/5W/5dd
69834

(START CARD) # 69834

Instructions for completing this report are on the last page of this form.

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number _____
Name LANE COUNTY PARKS
Address 3040 DELTA HWY N.
City EUGENE State OR Zip 97408

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other PUBLIC

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 80 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	22	BENTONITE	0	22	12
6	22	80	—	—	—	—

How was seal placed: Method A B C D E
 Other TAMPED
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	79	1/4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method HOLTE
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
28	36	1/4 x 1/4	~144	—	—	<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	45	"	~120	—	—	<input checked="" type="checkbox"/>	<input type="checkbox"/>
50	58	"	192	—	—	<input checked="" type="checkbox"/>	<input type="checkbox"/>
63	68	"	120	—	—	<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
~ 8	TOTAL	80'	2 1/2 HR

Temperature of water 52 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 17S N or S Range 5W E or W. WM. _____
Section 5 SE 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NW CORNER OF FERN RIDGE LAKE RICHARDSON POINT

(10) STATIC WATER LEVEL:
_____ ft. below land surface. Date 22 AUG 94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 19'

From	To	Estimated Flow Rate	SWL
19'	68'	—	19'

(12) WELL LOG:
Ground Elevation ~ 370

Material	From	To	SWL
RED CLAY	0	29	19
CLAYEY SANDY GRAVEL	29	68	19
GREY CLAY	68	78	19
BEDROCK, GREY SHALE	79	80	19

Date started 16 AUG 94 Completed 22 AUG 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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

Signed Walter N White WWC Number 638
Date 23 AUG 94

(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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Walter N White WWC Number 638
Date 23 AUG 94