

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

LANE
50657

Well ID #: L 32149

(START CARD) # 79595

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

(1) OWNER: Well Number _____

Name L B CRATER
Address 215 HILEMAN
City EUGENE State OR Zip _____

(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 _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 62 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	19	BENIGNITE	0	19	8 SACKS	
6"	19	62					

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	62	250	<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) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
/							

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
30		62	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: _____

(9) LOCATION OF WELL by legal description:

County LANE Latitude _____ Longitude _____
Township 16S N or S Range 4W E or W. WM.
Section 36 SE 1/4 NW 1/4
Tax Lot 00401 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 00401 SAME

(10) STATIC WATER LEVEL:

14 ft. below land surface. Date 3-15-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 21

From	To	Estimated Flow Rate	SWL
21	62	30	14

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
SOIL	0	4	
CLAY	4	17	
CLAY & GRAVEL	17	21	
SAND & GRAVEL	21	62	14'

RECEIVED

APR 22 1996

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 3-13-96 Completed 3-15-96

(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 Rich Mellito WWC Number 1572
Date 4-14-96

(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 Rich Mellito WWC Number 1563
Date 4-14-96