

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

*Lane
50920*

WELL I.D. # L01360

Well I.D. # (START CARD) # W89098

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

(1) OWNER: Well Number _____
Name Kingdom Hall of Jehovahs Witness
Address 86159 Territorial Rd.
City Veneta State OR Zip 97487

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

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	29'	Cement	0	29'	8 1/2 sacks	
6"	29'	345'					

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'	29'	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
						<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
1 1/2	332'	345'	1 hr.

Temperature of water 58 Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom not tested
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 18S N or S Range 5W E or W. WM.
Section 19 NW 1/4 NE 1/4
Tax Lot 306 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 86159 Territorial Rd., Veneta, OR

(10) STATIC WATER LEVEL:
13 ft. below land surface. Date 6-6-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL
35'	45'	1 1/2 gpm	13'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Clay	0	6'	
Brown sandstone	6'	12'	
Gray sandstone	12'	345'	13'

RECEIVED

JUN 27 1996

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-5-96 Completed 6-6-96

(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 Mike De WWC Number 1564 Date 6-6-96

(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 Cosy WWC Number 1541 Date 6-6-96