

Replacement Log

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

LANE
50939

(START CARD) # 41066

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

(1) OWNER:

Well Number 4
Name Florence Resort Community
Address 1050 35th St.
City Florence State OR Zip 97439

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
16'	0'	9'	Bentonite	0'	9'	12 sacks
12'	9'	105'				

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: 12"	+1'	18'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 10"	15'	35'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	10"	95'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____

Screens Type V Wine Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
35'	95'	.008		12	TEL	<input type="checkbox"/>	<input type="checkbox"/>

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

well output may fluctuate

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
380	59	—	15 hr.

Temperature of water 51° 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 F Longitude _____
Township 18 S N or S Range 12 W E or W. WM. _____
Section 15 SW 1/4 SE 1/4 _____
Tax Lot 800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1050 35th St.
Florence, OR

(10) STATIC WATER LEVEL:

6' ft. below land surface. Date 9/23
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
6	98	380	6

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sand brown	0	53	6
Sand lt. blue w/ wood	53	71	6
Sand lt. blue w/ peat	71	84	6
Sand lt. blue w/ sandy clay in to bedding	84	98	6
clay blue w/ sand	98	105	6

Date started 5/15/92 Completed 9/22/92

(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.

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

Signed Van Christensen WWC Number 636 Date 9/29/92