

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

LANE
 51010

WELL I.D. # L03713

(START CARD) # W91829

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

(1) OWNER: Well Number 1
 Name City of Lowell
 Address 107 East Third
 City Lowell State OR Zip 97452

(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 Test well

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 200 ft.
 Explosives used Yes No type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	34'	Cement	0	34'	30 sacks	
6"	35'	200					

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 1/2'	38 1/2'	.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"/>

(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

Pump	Bailer	Air	Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
50	178'	200'	1 hr.

Temperature of water 60 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 19S N or S Range 1W E or W. WM.
 Section 14 NW 1/4 SE 1/4
 Tax Lot n/a Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1/2 mi E. of Lowell, OR
Rt. side of Boundry Rd. U.S. Army Corp. property

(10) STATIC WATER LEVEL:
22 ft. below land surface. Date 6-21-96
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 113'

From	To	Estimated Flow Rate	SWL
113'	115'	50 gpm	22'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil & gravel	0	4'	
Clay	4'	10'	
Sand & gravel	10'	26'	
Clay	26'	27'	
Brown sandstone	27'	28'	
Gray, green basalt	28'	39'	
Brown sandstone	39'	40'	
Gray, green basalt	40'	48'	
Brown sandstone	48'	49'	
Gray, green basalt	49'	200'	22'

RECEIVED

JUL 19 1996

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 6-20-96 Completed 6-21-96

(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 W WWC Number 1564
 Date 6-21-96

(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 Cory WWC Number 1541
 Date 6-21-96