

APR 21 1997 WELL I.D.# L09350

RECEIVED

JUN 11 1997

STATE OF OREGON
WATER SUPPLY ~~WELL RESOURCES~~ DEPT.
(as required by ORS 537.765)
SALEM, OREGON

lane
52247 WATER RESOURCES DEPT. 96799
SALEM, OREGON

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

(1) OWNER: Well Number _____
Name Lone Pine Farms
Address 91909 River Road
City Junction City State OR Zip 97448

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	20	Bentonite chip	0	20	5
6"	20	70				

How was seal placed: Method A B C D E
 Other as per OAR 690-210-340
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	69	.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) 69

(7) PERFORATIONS/SCREENS:

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

(8) WELL TESTS: Minimum testing time is 1 hour
well output may fluctuate

Yield gal/min	Drawdown	Drill stem at	Time
75	59	70	1 hr.

Pump Bailer Air Flowing Artesian

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 _____ Longitude _____
Township 16 S N or S Range 4 W E or W. WM.
Section 22 NW 1/4 SE 1/4
Tax Lot 3400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 91909 River Rd.
Junction City, OR

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 4/16/97
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
61	70	75	11

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	4	
Sands + gravel	4	53	11
Clay, gravel, sand	53	59	11
Sand + gravel	59	62	11
Sand + coarser gravel	62	70	11

Date started 4/15/97 Completed 4/16/97
(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 _____ WWC Number _____ 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 Paul Christensen WWC Number 636 Date 4/18/97