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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 94980

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

(1) OWNER: Well Number _____
Name South Lane Christian Center
Address 27820 Mosby Cr Rd
City CG State OR Zip 97124

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

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10	0	39	concrete	6	39	15
			Barite	0	6	3
6	39	120				

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
6"	0	39	20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4"	0	120	SDR7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	120	1/8	40		4"	<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		120	1 hr.

Temperature of water 55° 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 43° 46.46' N Longitude 122° 59.27' W
Township 21 N or S Range 03 E or W
Section 1 1/4 1/4
Tax Lot 4800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 27820 Mosby Cr Rd CG-OR-97124

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 5-13-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
110		50 GPM	10'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gravel w/ clay	0	10	
Hard Purple sandstone	10	120	10'

Date started 5-13-97 Completed 5-13-97

(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 Alfred Sanderson WWC Number 1553 Date 5-22-97