lane 54029

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WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D.# L08241

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

(START CARD) # 90153

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

(1) OWNER: Well Number _____

Name HENRY SANDSTROM

Address 3863 ONYX

City EUGENE State OR Zip 97405

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger

[ ] Other _____

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 40 ft.

Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	20'	CEMENT			9

How was seal placed: Method [ ] A [ ] B [X] 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	39'	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

[ ] Perforations Method _____

[ ] Screens Type _____ Material _____

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

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

[ ] Pump [ ] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
25		40'	1 hr.

Temperature of water 57° 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 17S N or S Range 4W E or W. WM.

Section 14 SE 1/4 NW 1/4

Tax Lot 700 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) 1565 SANTA ROSA, EUGENE, OR 97404

(10) STATIC WATER LEVEL:

12 ft. below land surface. Date _____

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30'	40'	25 GPM	12'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
BROWN CLAY	0	13'	
BROWN CLAY & GRAVEL	13'	30'	
GRAVEL & BROWN CLAY	30'	40'	12'

Date started 10/20/97 Completed 10/22/97

(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.

WWC Number 578

Signed [signature] Date 10/27/97

(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.

WWC Number 126

Signed [signature] Date 10/28/97

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER