Lane 5499 | LANE 549[illegible] RECEIVED

MAY 15 1998

WATER RESOURCES DEPT. SALEM, OREGON

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

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

(START CARD) # [illegible]

(1) OWNER:

Well Number

Name GEORGE LAMITA
Address 4819 SEAPINE DRIVE
City FLORENCE State OR Zip 97439

(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 110 ft.
Explosives used [ ] Yes [x] No Type Amount

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	24	CEMENT	0	24	[illegible] SACKS
6	24	110				

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	+1½	104½	.250	[x]	[ ]	[x]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) 104½

(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 [x] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100+		109	1 hr.

Temperature of water 54° 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 12W E or W. WM.
Section [illegible] [illegible] 1/4 [illegible] 1/4
Tax Lot [illegible] PARCEL 3 Block Subdivision
Street Address of Well (or nearest address) [illegible] [illegible] OREGON 97439

(10) STATIC WATER LEVEL:

[illegible] ft. below land surface. Date [illegible]
Artesian pressure lb. per square inch. Date

(11) WATER BEARING ZONES:

Depth at which water was first found [illegible]

From	To	Estimated Flow Rate	SWL
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	107	[illegible]	[illegible]
107	110	[illegible]	[illegible]

(12) WELL LOG:

Ground Elevation

Material	From	To	SWL
[illegible]	0	2	
CLAY, BROWN - BEIGE	2	45	
SAND & FINE GRAVEL - BROWN	45	53	
SAND & GRAVEL - [illegible] WB	53	60	
[illegible] - BLUE OR BLACK	60	65	
CLAY & SAND - BLUE OR BLACK	65	85	
SAND & GRAVEL - BLUE OR BLACK	85	107	
SAND & GRAVEL BLUE OR BLACK WB	107	110	[illegible]

Date started 4-21-98 Completed 4-[illegible]-98

(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 [illegible]
Signed [signature] Date [illegible]

(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 1261
Signed [signature] Date 4-2[illegible]

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

LANE 54991

WELL IDENTIFICATION FORM

Owner's Well Number: 104

CURRENT WELL OWNER:

Phone: (541) 935-6921

Name: Francis / George Lakata

Mailing Address: 87842 Huston Road

City: Veneta State: OR Zip: 97459

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WATER RESOURCES DEPT
SALEM, OREGON

WELL LOCATION:

County: Lane Latitude: _____ Longitude: _____

Township: 17 N of S, Range: 5 E of W, Section: 31 SE 1/4 SE 1/4

Tax Lot Number: 17 05 31 0 0 01004

Street Address of Well (if different from above): _____

If a well report is available for this well, please attach a copy of it to this form and return. It is not necessary for you to complete the remainder of the form if the well report is attached. If a well report is not available, please complete the remainder of the form to the best of your ability.

WELL INFORMATION:

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: _____ No: _____ If yes:

Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to: Oregon Water Resources Department
158 12th Street NE
Salem OR 97310

(Office use only)

WELL ID # L 26054