

LANE
55135

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

WELL I.D. # L 26639
START CARD # 107785

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

(1) OWNER: Well Number 4
Name Bob Macias
Address 39098 Dexter Rd
City Dexter State OR Zip 97431

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

HOLE		SEAL	
Diameter	From To	Material	From To (Sacks or pounds)
10"	0 33	Cement	0 33 95
6"	33 300		

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"	0	33	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	0	300		<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	300	1/4	220	4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 15gpm Drawdown _____ Drill stem at 300 1 hr.

Temperature of water 58° 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° 58.88' N Longitude 122° 48.80' W
Township 119 N of S Range 01 E of W. WM.
Section 16 1/4 _____ 1/4 _____
Tax Lot 1000 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 39098 Dexter Rd Dexter OR 97431

(10) STATIC WATER LEVEL:
55' ft. below land surface. Date 8/26/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 100'

From	To	Estimated Flow Rate	SWL
140	160	14 gpm	38

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
clay w/ boulders	0	25	
purple yellow claystone	25	85	
brown sandstone	85	100	55
gray shale	100	175	38
lt grey or grey sandstone	175	240	58
blue sandstone	240	290	55
grey lt & drk sandstone	290	300	58

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SEP 09 1998

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8/26/98 Completed 8/26/98

(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 _____
Signed _____ 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.
WWC Number 1553
Signed [Signature] Date 8/27/98