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SEP 15 1998

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

WELL I.D. # L 24283
START CARD # 114613

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

WATER RESOURCES DEPT.
SALEM, OREGON

(1) OWNER: Well Number 1657

Name Peter Graepel
Address PO Box 190 / 95102 Ayneshm
City Tumation 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 39 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0'	18'	Bentonite	0'	15'	8 Sacks
6"	18'	39'				

How was seal placed: Method A B C D E
 Other Placed @ 1 Sack pr 5 minutes
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>None</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20'	38'	1/8" x 1/2"	280			<input checked="" 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
200+ GPM		39'	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 _____ Longitude _____
Township 15S N of S Range 04W E of W. WM.
Section 20 SE 1/4 SE 1/4
Tax Lot 1901 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 9-10-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20'	39'	200+ GPM	10'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	10	
Cemental Gravel	10	21	
Sandd Gravel	21	39	

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-10-98 Completed 9-10-98

(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.

Signed KTD WWC Number 1411
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 Donald Flowing WWC Number 1751
Date 9-11-98