

#02

STATE OF OREGON

WATER WELL REPORT
(as required by ORS 537.765)

LANE
552

DEC 20 1990

155/SW/19 dc

WATER RESOURCES DEPT. (START CARD) #23656

(1) OWNER: Well Number: _____
Name Jeff Doyle
Address 845 N. W 10th
City Corvallis State Oregon Zip 97330

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 120 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Amount
Diameter	From To	Material	From To	sacks or pounds
10"	0' 20'	Cement	0' 20'	23 sacks
6"	20' 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
Casing: 6"	+1	95'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 95'

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 15 Drawdown 23' Drill stem at _____ Time 1 hr.

Temperature of water 53 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 15-S N or S, Range 5-W E or W, WM.
Section 9 S/W 1/4 S/E 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 96212 Territorial Road - Monroe, Oregon

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date 11-19-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 105'

From	To	Estimated Flow Rate	SWL
<u>105</u>	<u>120</u>	<u>15gpm +</u>	<u>14</u>

(12) WELL LOG: Ground elevation OPP 450' - 550'

Material	From	To	SWL
Top Soil - Brown	0	4	
Claysoil - Red-Brown	4	26	
Claysoil - Red	26	52	
Claysoil - Brown	52	80	
Claysoil - Gray	80	89	
Claysoil - Blue-Gray	89	105	
Claystone - Brown	105	120	14

Date started 11-5-90 Completed 11-22-90

(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 well construction standards. Materials used and information reported above are true to my best 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 well construction standards. This report is true to the best of my knowledge and belief.
Signed Kirt Lee WWC Number 613
Date 12-18-90