

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

LANE
56658

FEB 05 1999

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 101716

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

(1) OWNER: Well Number L21823
Name NEIL & CYRESE LEE
Address P.O. BOX 864
City MARCOLA State OR. Zip 97454

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

HOLE		SEAL					
Diameter	From To	Material	From To	Sacks or pounds			
10"	0 22	Bentonite	0 22	6 SKS.			
6"	22 159						

How was seal placed: Method A B C D E
 Other POURED & TAMPED
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"	7.5 159	2.50	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: NONE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method OKY-ACE
 Screens Type SLOT Material STEEL

From To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
146 157	6"	72	78	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
66	—	158	1 hr.

Temperature of water 53 Depth Artesian Flow Found _____
Was a water analysis done? NO Yes By whom _____
Did any strata contain water not suitable for intended use? Salty Muddy Odor Colored Other NO
Depth of strata: NONE

(9) LOCATION OF WELL by legal description:
County LANE Latitude _____ Longitude _____
Township 16 N or S Range 02 E or W. W.M. (W.W.M.)
Section 24 N.W. 1/4 SE. 1/4
Tax Lot 703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) MAPLE LN.
OFF MARCOLA ROAD

(10) STATIC WATER LEVEL:
7.5' ft. below land surface. Date 01/30/99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 142'

From	To	Estimated Flow Rate	SWL
142'	159'	66 GPM	7.5

(12) WELL LOG:
Ground Elevation APPROX 535'

Material	From	To	SWL
TOPSOIL	0	1	
CLAY RED w/ BASALT BOND.	1	11	
CLAYSTONE RED/BROWN	11	27	
SAND GRAVEL w/ RED CLAY	27	142	
CLAYSTONE CONGLOMERATE	142	159	7.5
- FRACTURED -			

Date started 01/15/99 Completed 01/24/99

(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 1653
Signed _____ Date 01/30/99