

LANE
50763

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

WELL I.D. # L 35262
START CARD # 120082

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

(1) OWNER: Well Number 1
Name Lane Forest Products
Address 2111 Prairie Rd.
City Eugene State OR Zip 97402

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	19	cement	0	19	17 sacks
8"	19	98				

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: 8"	+2	98	25	<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) 98 ft.

(7) PERFORATIONS/SCREENS:

Perforations Method Holte perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
58	98	1"	800	1/4"	8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 200 Drawdown 92 Drill stem at 98 Time 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 4W E or W. WM.
Section 15 NE 1/4 NW 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
_____ 6 ft. below land surface. Date 3-4-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 61 ft.

From	To	Estimated Flow Rate	SWL
61	98	200	6

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
compacted gravel	0	2	
sandy loam	2	5	
tan clay	5	9	
sand & gravel	9	98	6

RECEIVED

MAR 10 1999

WATER RESOURCES DEPT
SALEM, OREGON

Date started 3-3-99 Completed 3-4-99

(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.
Signed _____ WWC Number 1617
Date 3-4-99

(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 _____ WWC Number 1541
Date 3-4-99