

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

LANE
 57268

WELL I.D. # L 31833
 START CARD # 120323

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

(1) OWNER: Well Number #2
 Name John Green c/o Hemenway Realtor
 Address 78314 Hwy 99 South
 City Cottage Grove, State OR Zip 97424

(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 258ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	19	cement	0	19	6
6"	19	258				

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	19	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2	2	158	pvc	<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
178	258	1/8	800	2	4 1/2	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
35	193	258	1 hr.

Temperature of water 57 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 2W E or W. WM. _____
 Section 21 SE 1/4 NW 1/4 _____
 Tax Lot 101 Lot 6 Block _____ Subdivision _____
 Street Address of Well (or nearest address) end of Ellington Dr. on left. McKenzie Ridge Estates, Springfield, OR

(10) STATIC WATER LEVEL:
65 ft. below land surface. Date 7-22-99
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 240

From	To	Estimated Flow Rate	SWL
240	245	35	65

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
topsoil	0	1	
dark brown clay	1	12	
gray brown conglomerate	12	186	
gray basalt	186	236	
gray brown conglomerate	236	258	65

RECEIVED

AUG 1 1 1999

RECEIVED

WATER RESOURCES DEPT.
SALEM, OREGON

AUG 27 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7-21-99 Completed 7-22-99

(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 [Signature] WWC Number 1722 Date 7-22-99

(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 [Signature] WWC Number 1541 Date 7-22-99