

RECEIVED

SEP 24 1999

LANE
57466

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

WATER RESOURCES DEPT.

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

WELL I.D. # L 36130
START CARD # 124057

(1) OWNER:

Name Richard VanDehey Well Number 1786
Address 28292 Cantrell 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 110 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0'	19'	Bentonite	0'	19'	8 Sacks	
6"	19'	110'					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other Placed @ 1 sack per 5 min rate

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 checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) None

(7) PERFORATIONS/SCREENS:

		Method		Material	
		Type		Tele/pipe size	
From	To	Slot size	Number	Diameter	Casing
None					<input type="checkbox"/>

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

		Flowing	
		Artesian	
Pump	Bailer	<input checked="" type="checkbox"/> Air	
Yield gal/min	Drawdown	Drill stem at	Time
40 Gpm		110'	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 18S N or S Range 05W E or W. WM.
Section 01 NE 1/4 NE 1/4
Tax Lot 103 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

31' ft. below land surface. Date 9-13-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found		
88'	89'	40 Gpm

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	9	
Weathered Sandstone	9	12	
Gray Sandstone	12	92	31'
Red Cinders (Med)	92	110	31'

Date started 9-13-99 Completed 9-13-99

(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 K. J. D. [Signature] 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 J. [Signature] WWC Number 751 Date 9-17-99