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WELL I.D.# L21223

(START CARD) # 101657

STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WATER RESOURCES DEPT.

Instructions for completing this report are on the reverse side of this form.

(1) OWNER:

Well Number L21223

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
12.5	0	30	Cement	0	30	1,034 lbs.
7.25	30	159				

How was seal placed: Method A B C D E
 Other OVERSHOT

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	159	200	<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)

(7) PERFORATIONS/SCREENS:

Perforations Method OKY-ACE
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
146	159	6"	12	1/4"	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time

66	—	158	1 hr.
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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? Too little

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 WM.
Section 29 N.W. 1/4 S.E. 1/4
Tax Lot 703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) MAPLE LAWE
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
TOP SOIL	0	1	
CLAY RED w/ BASALT BOLDERS	1	11	
CLAYSTONE RED BROWN	11	27	
SAND & GRAVEL w/ RED CLAY	27	142	
CLAYSTONE CONGLOM.	142	159	7.5
- FRACTURED -			

Date started 11/03/99 Completed 11/03/99

(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 _____ 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 J. Sub... WWC Number 1053 Date 11/03/99