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STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L-25898
START CARD # 101656

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number 2
Name Neil + Cyrese Lee
Address P.O. Box 864
City Marcola State Oregon 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 305 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	50	Cement	0	50	16 sacks
7.5"	50	199				
5.5"	199	305				

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 _____

Casing/Liner	Diameter	From	To	Gauge	Material			
					Steel	Plastic	Welded	Threaded
Casing: 6"	6"	+1	199	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4"	4"	-10	305		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 199' 5.5' under - reamer shoe

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforation + Saw
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
140	199	1"	295	1/4"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
200	305	6"	90	1/4"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
38		305	1 hr.

Pump Bailer Air Flowing Artesian

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? No Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Lane Latitude _____ Longitude _____
Township 16-S N or S Range 2-W E or W. WM.
Section 24 NW 1/4 SE 1/4
Tax Lot 703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) End of Maple Lane off Marcola Road

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 11-10-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 138'

From	To	Estimated Flow Rate	SWL
138	293	38 gpm	11'

(12) WELL LOG: APP 400' - 450'
Ground Elevation _____

Material	From	To	SWL
TOP SOIL - Dark Brown	0	1	
Clay soil - Red w/ Basalt	1	10	
Boulders			
Clay soil - Red-Brown	10	30	
w/ Fine Sand + Medium Gravel			
Claystone - Brown-Red	30	86	
Claystone - Brown	86	138	
Claystone - Red-Brown	138	186	11-ft.
Gray Conglomerate			
Unconsolidated			
Claystone - Red-Brown	186	293	11-ft.
Gray - Fractured			
Claystone - Red-Brown	293	305	11-ft.

Date started 11-3-99 Completed 11-10-99

(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.
WVC 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.
WVC Number 613
Signed Kirt Lee Date 11-11-99