

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

LANE
5781

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Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT. (START CARD) #

(1) OWNER:

Name U.S.D.A. Well Number 2831
Address P.O. Box 1148
City Corvallis State OR Zip 97330

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	35	Bentonite	0	35	34 sacks
6	0	80	Bore			

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	2	70	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:

Perforations Method _____
 Screens Type slotted Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
79	69	.02			6"	<input type="checkbox"/>	<input type="checkbox"/>
Neoprene packer at 69'							

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

Yield gal/min	Drawdown	Drill stem at	Time
30gpm		79	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 56° 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 19 N or S Range 12 E or W WM.
Section 33 NW 1/4 SE 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Siltcoos Lake Campground

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 6-6-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
30	80	30gpm	30

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Sand	0	28	
Brown Clay	28	34	
Sand	34	60	
Red iron Cemented Sand	60	65	
Clean Gray Sand	65	73	
Iron stained Gray Sand	73	80	30

Date started 6-6-95 Completed 6-7-95

(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 1279
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 Beif Stone WWC Number 514
Date _____