

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

WELL I.D. # L 40771  
START CARD # 116296

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

(1) OWNER: Well Number #3  
Name NEIL & CHRESE LEE  
Address P.O. BOX 864  
City MARCOLA State OR Zip 97745

(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 200' ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

Diameter		From	To	Material	From	To	Sacks or pounds
10.5	Ø	50	200	Cement	Ø	50	1692 lbs.
7.25	Ø	50	200				
10.5	Ø	1		Bentonite	Ø	1	40 lbs.

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"	1.5	200	2.50	<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) 200' - 5 1/2" ID

(7) PERFORATIONS/SCREENS:

Perforations Method HOLTE AIR PERFORATOR  
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
148	198	1"	EVERY 1 1/2'	4"	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 VERTICAL ROWS							

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

Pump  Bailer  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
31	—	198	1 hr.

Temperature of water 53° Depth Artesian Flow Found —  
Was a water analysis done?  Yes By whom NO  
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 24 S.W. 1/4 N.E. 1/4  
Tax Lot 600 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 92055 MARCOLA ROAD, SPRINGFIELD, OR

(10) STATIC WATER LEVEL:  
10'9" ft. below land surface. Date 06/01/00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 158'

From	To	Estimated Flow Rate	SWL
158'	180'	31	10'9"

(12) WELL LOG:  
Ground Elevation APPROX 600'

Material	From	To	SWL
TOPSOIL	0	1	
CLAY RED w/ BASALT BLDS	1	16	
CLAYSTONE BROWN	16	44	
w/ BASALT BLDS			
CLAYSTONE BROWN	44	60	
BASALT FRACT. WEATHERED	60	73	
BASALT FRACT WEATHERED	73	94	
w/ CLAYSTONE BROWN			
SANDS GRAVEL	94	106	
w/ CLAY BROWN			
CLAYSTONE WHITE	106	158	
CLAYSTONE CONG.	158	200	10'9"
WHITE/BROWN/RED FRAC.			

RECEIVED

JUN 13 2000

WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 05/27/00 Completed 06/01/00

(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 \_\_\_\_\_ Date \_\_\_\_\_  
WWC Number \_\_\_\_\_

(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 Kirt Lee WWC Number 613  
Date 06/09/00