LANE 58284

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

WELL I.D. # L 38306
START CARD # 107168

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

(1) OWNER: Well Number _____
Name JOHN HYLAND
Address 40814 MCKENZIE HWY.
City SPRINGFIELD State OR. Zip 97478

(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 342 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	19	CEMENT	0	19	5
6	19	342				

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	19	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4½	2	342	SDR26	☐	☒	☒	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
☒ Perforations Method SAW
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
160	342	48	120		4½	☐	☒
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20		340	1 hr.

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 17 S N or S Range 1 E E or W. WM.
Section 17 SW 1/4 SE 1/4
Tax Lot 2326 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) BRIGE ST. & DEERHORN RD. SPFD, OR.

(10) STATIC WATER LEVEL:
150 ft. below land surface. Date 6/27/00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 325

From	To	Estimated Flow Rate	SWL
325	326	20	150

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
YELLOW CLAY & BOULDERS	0	13	
BLUE ROCK	13	60	
GRAY BASALT	60	180	
RED ROCK	180	210	
GRAY BASALT	210	320	
RED ROCK	320	330	150
GRAY ROCK	330	342	150

RECEIVED
JUN 30 2000
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6/20/00 Completed 6/27/00

(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.
WWC 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.
WWC Number 562
Signed Frank Wilson Date 6/28/00

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER