LANE 58465

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

WELL I.D. # L 38307
START CARD # 107169

(1) OWNER: Well Number _____
Name DAVE KISTNER
Address 38577 UPPER CAMP CK. RD.
City SPRINGFIELD State OR Zip 97478

(2) TYPE OF WORK
[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:
[X] Rotary Air [ ] Rotary Mud [ ] Cable [ ] Auger
[ ] Other _____

(4) PROPOSED USE:
[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval [ ] Yes [X] No Depth of Completed Well 105 ft.
Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	58	CEMENT	0	58	1.5
6	58	105				

How was seal placed: Method [ ] A [ ] B [X] 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	58	250	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
[ ] Perforations Method _____
[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

(8) WELL TESTS: Minimum testing time is 1 hour
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
100		105	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 17S N or S Range 1W E or W. WM.
Section 8 NE 1/4 SW 1/4
Tax Lot 411 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 38577 UPPER CAMP CK. RD., SPFD. OR

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 7/5/00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 99

From	To	Estimated Flow Rate	SWL
99	100	100	10

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Soil	0	4	
BROWN CLAY	4	25	
RED CLAY & GRAVEL	25	50	
BLUE CLAY	50	54	
BLUE ROCK	54	105	10

RECEIVED
AUG 03 2000
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6/30/00 Completed 7/5/00

(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 7/5/00

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