

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

WELL I.D. # L 44342
 START CARD # 135386

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

(1) **LAND OWNER** Well Number #1
 Name Grove Christian Camp
 Address 37028 Shoreview
 City Cottage Grove State OR Zip 97424

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	38	Cement	0	38	11 sacks
6"	38	110				

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:**

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	6"	+2	38	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4 1/2"	-10	110	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
 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
10	110	18	400	2"	4 1/2"	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
20	66	110	1 hr.

Temperature of water 54 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 21s N or S Range 2w E or W. WM.
 Section 24 NW 1/4 NE 1/4
 Tax Lot 700 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Same

(10) **STATIC WATER LEVEL:**
44 ft. below land surface. Date 9-1-00
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found 87

From	To	Estimated Flow Rate	SWL
87	90	20	44

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	33	
Brown Clay (Soft)	33	86	
Gray/Brown Congl. (med)	86	93	44
Gray Clay (Soft)	93	110	

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SEP 11 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 9-1-00 Completed 9-1-00

(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 George J. [Signature] WWC Number 1722
 Date 9-1-00

(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 [Signature] WWC Number 1541
 Date 9-1-00