

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

RECEIVED

LANE 58762

WELL ID # L **38905**

(START CARD) # **122667**

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

OCT 02 2000

(1) OWNER:

Well Number: **MMMC-1**
WATER RESOURCES DEPT
 Name: **Metropolitan Wastewater Management Commission**
 Address: **29689 Awbrey Lane**
 City: **Eugene** State: **OR** Zip: **97401**

(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 **165** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
20"	0'	53'	Cement	0'	53'	38 sacks
16"	53'	165'				

How was seal placed: Method A B C D E
 Other

Backfill placed from **167** ft. to **165** ft. Material **3/4"-0 gravel**
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	16"	+3'	134'	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	14"	128.5	134.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	14"	159.2	165.2	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **134'**

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type **V-slot** Material **304ss**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
134.5	144.8	50		14"	PS	<input type="checkbox"/>	<input type="checkbox"/>
144.8	150'	60		14"	PS	<input type="checkbox"/>	<input type="checkbox"/>
150'	159.2	80		14"	PS	<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
210	89'		36 Hrs.

Temperature of Water **56F** Depth Artesian Flow found _____

Was a water analysis done? Yes No 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 **16S** N or S. Range **4W** E or W. of WM.
 Section **33** Lot **SW 1604** Block **1/4 SE** Subdivision **1/4**
 Tax lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **29689 Awbrey Lane**
Eugene, Oregon 97401

(10) STATIC WATER LEVEL:

14 ft. below land surface. Date **8/30/2000**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **8'**

From	To	Estimated Flow Rate	SWL
8'	39'	10+ gpm	8.6'
134.5'	165'	210 gpm	14'

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Fill gravel	0'	1'	
Brown clay	1'	8'	
Loose small-medium gravel, sand fine-coarse	8'	39'	8.6'
Small-large gravel w/ brown clay & sand	39'	50'	
Brown silty clay	50'	53'	
Gravel, small-large w/ silty brown clay & fine sand	53'	95.5'	
Light brown clay & silt w/ coarse sand & gravel chips	95.5'	100'	
Dark brown - light brown clay w/ gravel chips	100'	103'	
Gravel, sm.-med., w/ dark brown clay binder & intermittent streaks of brown clay	103'	124'	
Small gravel w/ sandy clay	124'	126'	
Sand w/ silt & clay binder; clumps show some gravel	126'	130'	
Sm.-large gravel w/ some brown sandy clay binder; up to 4" gravel found	130'	140"	

Continued on next page

Date started **6/26/2000**

Completed **9/7/2000**

(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 my best knowledge and belief.

Signed _____ WWC Number _____
 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 *Michael Waldrop* WWC Number **633**
 Date **9/10/2000**

Michael Waldrop/Stettler Supply Co.

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL ID # L 38905

(as required by ORS 537.765)

(START CARD) # 122667

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

(1) OWNER: Well Number: **MWMC-1**
Name **Metropolitan Wastewater Management Commission**
Address **29689 Awbrey Lane**
City **Eugene** State **OR** Zip **97401**

(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 _____ ft.
Explosives used Yes No Type _____ Amount _____
HOLE SEAL Amount
Diameter From To Material From To sacks or pounds
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: _____
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 Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
Temperature of Water _____ 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 **16S** N or S. Range **4W** E or W. of WM. _____
Section **33** SW 1/4 **SE** 1/4
Tax lot **1100** Lot **1604** Block _____ Subdivision _____
Street Address of Well (or nearest address) **29689 Awbrey Lane**
Eugene, Oregon 97401

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Gravels, sm.-medium w/ some broken; w/ fine-coarse brown sand & brown clay; grav. seemed to be cleaner	140"		
Gray clay w/ gravel	158'	159.5'	
Gray clay to blue-gray clay	159.5'	167'	
K-packer at 128.5'			
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OCT 02 2000			
WATER RESOURCES DEPT SALEM, OREGON			

Date started **6/26/2000** Completed **9/7/2000**

(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 my best knowledge and belief.
Signed _____ WWC Number _____
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 *Michael Waldrop* WWC Number **633**
Date **9/10/2000**
Michael Waldrop/Stettler Supply Co.