

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.745)

WELL I.D. # 48061
START CARD # 122167

(can)
591606

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

(1) LAND OWNER: Philip D Collins, Well Number 1
Name: Philip D Collins
Address: 875 W. Hilliard
City: Eugene State: OR Zip: 97404

(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: (DUST CONTROL)

(5) BORE HOLE CONSTRUCTION: Special Construction approval Yes No Depth of Completed Well 33' ft
Explosives used Yes No Type: _____ Amount: _____

HOLE		SEAL	
Diameter	From To	Material	From To
10"	0'	18" bentonite	0'
6"	18'	33'	18'

How was seal placed: Method A B C D E
 Other: placed & tamped
Backfill placed from Y ft to X ft. Material: X
Gravel placed from X ft to Y ft. Size of gravel: X

(6) CASING/LINER:

Diameter	From To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	0'	1	33'	250 M		06
Liner:						

Drive shoe used Inside Outside None
Final location of shoe(s): 33' 6" inside

(7) PERFORATION SCREENS:

Perforations Method: TOUCH
 Screens Type: X Material: X

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
22'	31'	6"	12	1 1/4"	6"	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Blower Air Flowing Artesian
Yield/gpm: 28 gpm Drawdown: 3' Drill stem at: _____ Time: 10

Temperature of water: 59°K Depth Artesian Flow Found: X
Was a water analysis done? Yes By whom: DELTA ERM
Did any strata contain water not suitable for intended use? NO Too little
 Salty Muddy Oily Colored Other: X
Depth of strata: X

(9) LOCATION OF WELL, by legal description:
County: Linn Latitude: X Longitude: X
Township: 16S N or S Range: 4W E or W. WM.
Section: 33 NW 1/4 5W 1/4
T16S Lot: 600 Lot: X Block: X Subdivision: X
Street Address of Well (or nearest address): 91000 Brown Ln.
off AWBERRY LN

(10) STATIC WATER LEVEL:
10' ft. below land surface Date: 5/19/01
Artesian pressure _____ lb. per square inch Date: _____

(11) WATER BEARING ZONES:
Depth at which water was first found: 21'

From	To	Estimated Flow Rate	SWI
21'	33'	50 gpm	10'

(12) WELL LOG:
Ground Elevation: Approx 250'

Material	From	To	SWI
Gravel Fill	0'	2'	
Sandy Soil Brown	2'	16'	
Sandy gravel & Amethyst	16'	33'	10'

Well started: 5-17-01 Completed: 5-19-01

(bonded) 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.
Signature: _____ 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.
Signature: [Signature] WWC Number: 1783
Date: 6/4/01