

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 49897
START CARD # 140959

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

(1) LAND OWNER Well Number 1
Name US Army Corps of Engineers
Address 75819 Shortridge Hill Rd.
City Cottage Grove State Oregon 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 140ft.
Explosives used Yes No Type _____ Amount _____

| HOLE | | | SEAL | | | Sacks or pounds |
|----------|------|-----|-----------|------|----|-----------------|
| Diameter | From | To | Material | From | To | |
| 10 | 0 | 38 | Bentonite | 0 | 38 | 13 |
| 6 | 38 | 140 | | | | |

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

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 | +2 | 38 | 250 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Liner: 4 | 0 | 140 | | <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 |
|------|-----|-----------|--------|----------|----------------|--------------------------|-------------------------------------|
| 60 | 140 | 1/8 | | | 4 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Flowing Time |
|---------------|----------|---------------|--------------|
| 30 | | 140 | 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 43 41.501 Longitude 123 03.96
Township 22 N or S Range 03 E or W M.
Section 04 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Wilson Creek Park Cottage Grove Lake, Cottage Grove, Or

(10) STATIC WATER LEVEL: 97424
18 ft. below land surface. Date 7/27/01
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 110'

| From | To | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 110 | 112 | 30gpm | 18 |

(12) WELL LOG:

Ground Elevation _____

| Material | From | To | SWL |
|-------------------|------|-----|-----|
| Top Soil | 0 | 3 | |
| Brown Broken Rock | 3 | 10 | |
| Blue Claystone | 10 | 50 | |
| Gray Claystone | 50 | 55 | |
| Blue Claystone | 55 | 80 | |
| Gray Claystone | 80 | 85 | |
| Blue Claystone | 85 | 100 | |
| Gray Claystone | 100 | 105 | |
| Blue Claystone | 105 | 140 | |

RECEIVED

AUG 29 2001

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 7/27/01 Completed 7/27/01

(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 _____ 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 [Signature] WWC Number 1553 Date 7/27/01