

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

WELL I.D. # L 51635
 START CARD # 140995

Lane
60258

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

(1) LAND OWNER Well Number 01
 Name Army Corps of Engineers
 Address P.O. Box 429
 City Lowell State OR Zip 97452

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>10</u>	<u>0</u>	<u>25</u>	<u>cement</u>	<u>0</u>	<u>25</u>	<u>12</u>
<u>6</u>	<u>25</u>	<u>160</u>				

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:	<u>6</u>	<u>+2</u>	<u>25</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4</u>	<u>0</u>	<u>160</u>	<u>250</u>	<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
<u>60</u>	<u>160</u>	<u>1/8</u>				<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian Time
<u>40</u>		<u>160</u>	<u>1 hr.</u>

Temperature of water 57 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 54.836N Longitude 122 45.590W
 Township 19 N or S Range 01 E or W. WM.
 Section 13 NE 1/4 SW 1/4
 Tax Lot N/A Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 40386 W. Bundry Rd.
Lowell, OR. 97452

(10) STATIC WATER LEVEL:
 _____ 7 ft. below land surface. Date 9/7/01
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 130

From	To	Estimated Flow Rate	SWL
<u>130</u>	<u>140</u>	<u>40</u>	<u>7</u>

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
<u>top soil</u>	<u>0</u>	<u>7</u>	
<u>medium brown sandstone</u>	<u>7</u>	<u>18</u>	
<u>hard black basalt</u>	<u>18</u>	<u>60</u>	
<u>blue hard basalt</u>	<u>60</u>	<u>110</u>	
<u>red sandstone</u>	<u>110</u>	<u>150</u>	<u>7</u>
<u>hard blue basalt</u>	<u>150</u>	<u>160</u>	

Date started 9/7/01 Completed 9/7/01

(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 9/7/01