

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # 53001
START CARD # 101684

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

(1) LAND OWNER: DAVID W. JOHNSON Well Number 53001
 Name DAVID W. JOHNSON
 Address 459 N 53rd
 City Springfield State Or. Zip 97147

(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 49' ft.Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
11	0	18	Cement	0	18	7 SKS.
7.6	18	49				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other overshot & pump pressure

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"	1	49	250X	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	NONE				☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☒ Inside ☐ Outside ☐ None 5 1/2" I.D.Final location of shoe(s) 49 - 5 1/2" I.D.

(7) PERFORATIONS/SCREENS:

☒ Perforations Method SLOT/ALE
☐ Screens Type STEEL Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
41	46	6"	14	1/4"	6"	☒	☐
						☐	☐
						☐	☐

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

	☐ Pump	☐ Bailer	☒ Air	☐ Flowing
	Yield gal/min	Drawdown	Drill stem at	Artesian
	45	—	48'	1 hr.

Temperature of water 53 Depth Artesian Flow Found _____Was a water analysis done? ☐ Yes By whom NODid any strata contain water not suitable for intended use? ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other NO
Depth of strata: NONE

(9) LOCATION OF WELL by legal description:

 County LANE Latitude _____ Longitude _____
 Township 17 N of S Range 02 E or W. WM (W)
 Section 33 S.W. 1/4 N.E. 1/4
 Tax Lot 1404 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 459 North
53rd Place, Springfield.

(10) STATIC WATER LEVEL:

13 ft. below land surface.Date 09/14/01

Artesian pressure _____ lb. per square inch

Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30'	49'	45 GPM	13

(12) WELL LOG:

Ground Elevation APPROX 400'

Material	From	To	SWL
TOPSOIL LOAM	0	4	
CLAY BROWN SAND	04	06	
SAND, GRAVEL, BLDG	06	49	13

RECEIVED

OCT 05 2001

WATER RESOURCES DEPT.
SALEM, OREGONDate started 09/14/01 Completed 09/14/01

(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.

WWC Number _____

Signed _____

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.

WWC Number 16SP

Signed _____

Date 09/14/01