

NOV 14 2001



STATE OF OREGON  
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.  
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 11812  
START CARD # 131673

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

(1) OWNER: Well Number 1  
Name DAVID ALLEN MCCOY  
Address 25254 LAWRENCE RD  
City JUNCTION CITY State OR Zip 97448

(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 425 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE		SEAL				Tack or pounds
Diameter	From To	Material	From To			
10"	0 25	BENTONITE	0 25			18
6"	25 36					
UNDER GRAM	36 45	CEMENT	36 45			3
6"	45 425					

How was seal placed: Method  A  B  C  D  E  
 Other DRY POUR  
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"	0-2	45	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	0-2	45		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) NO SHOES

(7) PERFORATIONS/SCREENS:

Perforations Method SKIL SAW  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
120	425	1/8		4.5		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
70 GPM	240		1 hr.

Temperature of water 53° 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 17 N or S Range 5 E or W WM.  
Section 31 SW 1/4 SW 1/4  
Tax Lot 2401 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 25254 LAWRENCE RD JUNCTION CITY

(10) STATIC WATER LEVEL:  
110 ft. below land surface. Date 10/17/01  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 210

From	To	Estimated Flow Rate	SWL
210	225	20 GPM	110
315	325	50 GPM	110

(12) WELL LOG: Ground Elevation 500'

Material	From	To	SWL
TOP SOIL	0	1	
RED CLAY	1	25	
CLAY BROWN	25	35	
SANDSTONE GRAY	35	210	
BROKEN SAND STONE	210	225	110
GRAY SAND STONE	225	315	110
BROKEN SAND STONE	315	325	110
GRAY SAND STONE	325	425	110

Date started 9/31/01 Completed 10/17/01

(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 1635  
Signed Jerrya Neal Date 11/10/01