

Amend

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

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

WELL I.D. # ~~L54685~~ 54865
START CARD # 150516

Land 61237

(1) LAND OWNER Well Number 01

Name Army Corp of Engineers
Address P.O. Box 429
City Towell State OR Zip _____

(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 140' ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18'	<u>cement</u>	0	18'	<u>4 Sacks</u>
6"	18'	140'				

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:	6"	+2'	18'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	4"	0	140'	SPR21	<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	8		<u>4</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown ft	Drill stem at	Time
<u>10 gpm</u>	<u>total</u>	<u>140'</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 _____ Longitude _____
Township 19 N or S Range 01 E or W. WM.
Section 34 NW 1/4 NE 1/4
Tax Lot exempt - US Gov't Block _____ Subdivision _____
Street Address of Well (or nearest address) Ivan Oaks Park

(10) STATIC WATER LEVEL:

35' ft. below land surface. Date 6/13/02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80'

From	To	Estimated Flow Rate	SWL
80'	100'	<u>10 gpm</u>	35'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>top soil</u>	0'	2'	35'
<u>brown clay</u>	2'	12'	
<u>brown blue gray conglomerate</u>	12'	140'	

RECEIVED

JUN 27 2002

WATER RESOURCES DEPT.
SALEM, OREGON

RECEIVED

FEB 04 2004

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 6/12/02 Completed 6/12/02

(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 1553
Signed [Signature] Date 6/13/02