

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

LANE
 6145

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AUG 29 1989

15S/4W/20

(START CARD) # 11628

(1) OWNER:

Name Nixon Farms Inc
 Address 96313 Newhart Rk. Rd.
 City Junction City State OR Zip 97448

Well Number: 955

(9) LOCATION OF WELL by legal description:

County Lane Latitude _____ Longitude _____
 Township 15S N or S, Range 4W E or W, WM.
 Section 20 1/4 _____ 1/4 _____
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 95212 Newhart Rd.
Lingo Lane, Junction City OR 97448

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other _____

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well _____ ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0'	18'	Cement	0'	18'	13 Sacks
12"	18'	39'				

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: 12"	+1'	39'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39 ft

(7) PERFORATIONS/SCREENS:

Perforations Method Touch Cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
20	38	3/8 x 5/16	250			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
450		39	1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes No By whom None
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(10) STATIC WATER LEVEL:

14 ft. below land surface. Date 8/8/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 20 ft

From	To	Estimated Flow Rate	SWL
20 ft	39 ft	450 GPM	14

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Dark Brown Clay	0	6	
Cemented Gravel	6	19	
Sand & Gravel	19	37	14
Cemented Gravel	37	39	14

Date started 8/8/89 Completed 8/9/89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed Kurt D Miller WWC Number 1411
 Date 8-16-89

(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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Donald J. Foring WWC Number 751
 Date 8/17/89