

**STATE OF OREGON
WATER SUPPLY WELL REPORT**
(as required by ORS 537.763)

(WELL I.D.) # **L 58424**
(START CARD) # **148914**

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

(1) OWNER: Well Number **PW-82-01**
Name **City of Eugene**

Address **777 Pearl St.**
City **Eugene** State **OR** Zip **97401**

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/renovation) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other Reverse Circ.

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **482** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
20"	0	100	Cement	0	100	267 sacks
16"	100	482				

How was seal placed: Method A B C D E
 Other _____

Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from **305** ft. to **482** ft. Size of gravel **6 x 8**

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
16"	0	327	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	327	332	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	317	332	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16"	482	482	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
312	317	.000		10"	Pipe Size	<input type="checkbox"/>	<input type="checkbox"/>
332	482	.000		10"	Pipe Size	<input type="checkbox"/>	<input type="checkbox"/>

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

Yield (gpm)	Drawdown	Drill stem at	Flowing Artesian Time (hr.)
2000	148.8		72 hr.

Temperature of water **55 F** Depth Artesian Flow Found _____
Was a water analysis done? Yes By whom **Golden Assoc.**
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 S** Range **3 W** WM.
Section **9 NE** 1/4 SW 1/4
Tax Lot **100** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **Grand Cayman and Maritique Eugene, OR**

(10) STATIC WATER LEVEL:
20.8 ft. below land surface. Date **8/19/02**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **8'**

From	To	Estimated Flow Rate	SWL
0	304	NA	
304	482	NA	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
See Attached Sheet			
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>RECEIVED</p> <p>NOV 01 2002</p> <p>WATER RESOURCES DEPT SALEM, OREGON</p> </div>			
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>RECEIVED</p> <p>SEP 19 2002</p> <p>WATER RESOURCES DEPT. SALEM, OREGON</p> </div>			

Date started **8/13/02** Completed **8/23/02**

(bonded) 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 *[Signature]* WWC Number **1623**
Date **8/17/02**

(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 **1484**
Date **8/17/02**

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

(WELL I.D.)# L 58582
 (START CARD) # 149814

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

(1) **OWNER:** Well Number **PW-02-01**
 Name **City of Eugene**
 Address **777 Pearl St.**
 City **Eugene** State **OR** Zip **97401**

(2) **TYPE OF WORK**
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) **DRILL METHOD:**
 Rotary Air Rotary Mud Cable Auger
 Other **Reverse Circ.**

(4) **PROPOSED USE:**
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) **BORE HOLE CONSTRUCTION:**
 Special Construction approval Yes No Depth of Completed Well **452** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
20"	0	100	Cement	0	100	247 sacks	
16"	100	452					

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from **305** ft. to **462** ft. Size of gravel **6 x 9**

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 16"	0	327	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner: 10"	302	332	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	317	332	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10"	432	452	.375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations		Method		Type		Material			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner		
<input type="checkbox"/>	<input type="checkbox"/>								
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								

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

Pump		Bailer		Air		Flowing Artesian	
Yield gal/min	Drawdown	Drill stem at	Time				
2500	140.8		72 hr.				

Temperature of water **58 F** Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom **Golden Assoc.**
 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 S Range 3 W WM. _____
 Section 9 NE 1/4 SW 1/4 _____
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Grand Cayman and Martinique Eugene, OR

(10) **STATIC WATER LEVEL:**
59.8 ft. below land surface. Date 8/19/02
 Artesian pressure _____ lb. per square inch. Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 8'

From	To	Estimated Flow Rate	SWL
<u>8</u>	<u>384</u>	<u>NA</u>	
<u>386</u>	<u>402</u>	<u>NA</u>	

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
See Attached Sheet			

Date started 6/13/02 Completed 8/23/02

(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.
 Signed [Signature] WWC Number 1523
 Date 9/17/02

(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 1464
 Date 9/17/02

