

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

WELL I.D. # L 54790
 START CARD # 123607

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

(1) **LAND OWNER** Well Number _____
 Name Don Harkins - Country View Estates
 Address 91000 Ridgeview Rd
 City Eugene State OR Zip 97408

(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 225 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12	0	58	Cement W/ 4% B.ignite	0	58	23
8	58	225				

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:	8"	+2	58	.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"/>

Drive Shoe used Inside Outside None
 Final location of shoe(s) _____

(7) **PERFORATIONS/SCREENS:**

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS:** Minimum testing time is 1 hour
 Well out put may fluctuate

Yield gal/min	Drawdown	Drill stem at	Time
145	198.2	225	1 hr.

Flowing Artesian Air Bailer Pump

Temperature of water 50° 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 16 N or S Range 3 E or W WM.
 Section 26 SW 1/4 SW 1/4
 Tax Lot 206 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) End of Tripple Oaks Drive East of hydrant

(10) **STATIC WATER LEVEL:**
26' 8" ft. below land surface. Date 11-7-02
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
127	150	60	
182	198	+85	

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

Material	From	To	SWL
Clay - Dark Brown	0	14	
Clay - Br/Tuff - Fractured	14	15 1/2	
Tuff - dark Grey	15 1/2	38	
Tuff - Bl. Gray - firm	38	225	

RECEIVED

APR 07 2003

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 10/30/02 Completed 11/7/02

(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 636
 Signed Paul Christensen Date 12-5-02