

**STATE OF OREGON**  
**Water Supply Well Report**

(as required by ORS 537.765)

LANE 62184  
**LANE**

Received Date:  
Well ID Tag # L 63955  
Start Card # 156443

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

**(1) Owner** Well Number:  
Name: **USDA WILLAMETTE NATIONAL FOREST**  
Street: **211 EAST 7TH AVENUE**  
City: **EUGENE** State: **OR** Zip Code: **97401**

**(2) Type of Work**  
 New     Alter (Recondition)     Alter (Repair)  
 Deepening     Abandonment

**(3) Drill Method**  
 Rotary Air     Rotary Mud     Cable     Auger  
 Other:

**(4) Proposed Use**  
 Domestic     Community     Industrial     Irrigation     Injection  
 Livestock     Thermal    Other: **CAMPGROUND WELL**

**(5) Bore Hole Construction**  
 Special Standards: Depth of completed well: **83.00 ft.**  
 Explosives Used: Amount:    Type:  

Diameter	Hole		Mtrl	Seal		Sacks/lbs
	From	To		From	To	
10.00	0.00	48.00	CE	0.00	48.00	20
6.00	48.00	83.00				

  
 How was seal placed? **C**    Other:  
 Back fill placed from:    Material:  
 Filter pack from:    Size:

**(6) Casing / Liner**

Csng/ Liner	Diameter	From	To	Gauge	Mtrl	Weld	Thrd	Shoe at	Shoe used
<b>C</b>	<b>6.00</b>	<b>1.00</b>	<b>49.00</b>	<b>.250</b>	<b>S</b>	<b>X</b>		<b>49</b>	<b>Ou</b>
<b>L</b>	<b>4.50</b>	<b>3.00</b>	<b>83.00</b>		<b>P</b>				

**(7) Perforation / Screens**  
 Perforations:  

Mtrl	From	To	Width	Height	#Slots	Dia.	tpSize	Csng/ Lnr	Method
<b>P</b>	<b>43.00</b>	<b>83.00</b>	<b>1.00</b>		<b>400</b>	<b>0.13</b>		<b>L</b>	<b>SAW</b>

  
 Screens:  

Mtrl	From	To	S Size	#Slots	Dia.	tpSize	Type	Gauge

**(8) Well Tests** (Minimum testing time is one hour)

Type	Yield	Units	Drawdown	Stem at	Duration
<b>A</b>	<b>5.50</b>	<b>G</b>	<b>72.00</b>	<b>83.00</b>	<b>1.00</b>

Temperature of Water: **59 F**  
 Was water analysis done?     Depth of artesian flow:  
 by whom?  
 Did any strata contain water unsuitable for use?  Too Little     Salty  
 Muddy     Odor     Colored    other:  
 Depth of strata:

**(9) Location of Hole by legal description**  
 County: **LANE**    Latitude:    Longitude:  
 Township: **18.00 S**    Range: **2.00 E**  
 Section: **28 SENW**    Lot:    Block:  
 Tax Lot:    Subdivision:  
 Street Address of Well (or nearest address):  
**CLARK CREEK CAMPGROUND F5 RD 6204 9 MILES EAST OF**  
**Road 6245 north side Fall Creek, OR**  
 MAP, with location identified, must be attached.

**(10) Static Water Level**  
 Feet below land surface: **11.0**    Date: **04 / 15 / 2003**  
 Artesian Pressure:    Date:

**(11) Water Bearing Zones**  
 Depth at which water was first found: **70.00 ft.**

From	To	est Flow	swl
<b>70.00</b>	<b>73.00</b>	<b>5.50</b>	<b>11</b>

**(12) Well Log**    Ground Elevation:

Material	From	To	swl
<b>TOP SOIL</b>	<b>0.00</b>	<b>1.00</b>	
<b>LOAM/GRAVEL &amp; BOULDERS</b>	<b>1.00</b>	<b>22.00</b>	
<b>BROKEN BLUE/RED SANDSTONE</b>	<b>22.00</b>	<b>41.00</b>	
<b>SANDSTONE BLUISH RED HARD</b>	<b>41.00</b>	<b>83.00</b>	<b>11</b>

**RECEIVED**

**APR 25 2003**

**WATER RESOURCES DEPT**  
**SALEM, OREGON**

Date Started: **04 / 14 / 2003**    Date Completed: **04 / 15 / 2003**

**(unbonded) Water Well Constructor Certification:**  
 I certify that the work I perform 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 the best knowledge and belief.  
 Signed by: **DOUGLAS TUCKER**    WWC #: **1776**

**(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 by: **CASEY JONES JR**    WWC #: **1541**  
**CASEY JONES WELL DRILLING**    Phone: **541-747-2806**