

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL ID. # L 61924
START CARD # 155090

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

(1) **LANDOWNER** Well Number 2
Name Joyce Sandgathe
Address 29282 MCTAVISH LN.
City Eugene State OR. Zip 97402

(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 340'Explosives used ☐ Yes ☒ No Type X Amount X

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>10"</u>	<u>0</u>	<u>19'</u>	<u>Best.</u>	<u>0</u>	<u>19'</u>	<u>11 SACKS</u>
<u>6"</u>	<u>19</u>	<u>340'</u>				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other packed & tampedBackfill placed from X ft. to X ft. Material XGravel placed from X ft. to X ft. Size of gravel X(6) **CASING/LINER:**

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>6"</u>	<u>0</u>	<u>19</u>	<u>250</u>	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	<u>4"</u>	<u>-5</u>	<u>340</u>	<u>160</u>	☐	☒	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☐ Outside ☒ NoneFinal location of shoe(s) 12/14(7) **PERFORATIONS/SCREENS:**☒ Perforations Method Skill saw☐ Screens Type X Material X

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>60'</u>	<u>338</u>	<u>6"</u>	<u>294</u>	<u>1/8"</u>	<u>4"</u>	☐	☒
						☐	☐
						☐	☐
						☐	☐

(8) **WELL TESTS: Minimum testing time is 1 hour**
☐ Pump ☐ Bailer ☒ Air ☐ Flowing

Yield gal/min 2 GPM Drawdown 100% Drill stem at 339' Time 1 hr
Temperature of water 54°F Depth Artesian Flow Found XWas a water analysis done NO ☐ Yes By whom XDid any strata contain water not suitable for intended use? X ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other X
Depth of strata: X(9) **LOCATION OF WELL by legal description:**
County LANE Latitude X Longitude X
Township 18S N or S Range 4W E or W. WM.
Section 5 SW 1/4 SW 1/4
Tax Lot 2000 Lot X Block X Subdivision X
Street Address of Well (or nearest address) 29282 MCTAVISH LN.
(10) **STATIC WATER LEVEL:**
94 ft. below land surface. Date 5/8/03
Artesian pressure X lb. per square inch Date X
(11) **WATER BEARING ZONES:**

From	To	Estimated Flow Rate	SWL
<u>138</u>	<u>139</u>	<u>1 GPM</u>	
<u>331</u>	<u>332</u>	<u>1 GPM</u>	<u>94'</u>

(12) **WELL LOG:**

Ground Elevation _____

Material	From	To	SWL
<u>TOPSOIL</u>	<u>0</u>	<u>3</u>	
<u>Clay - Brown</u>	<u>3</u>	<u>7</u>	
<u>Weathered SS</u>	<u>7</u>	<u>12</u>	
<u>SS - Gray</u>	<u>12</u>	<u>55</u>	
<u>SS - Brown</u>	<u>55</u>	<u>62</u>	
<u>SS - Gray</u>	<u>62</u>	<u>104</u>	
<u>SS - Brown</u>	<u>104</u>	<u>112</u>	
<u>SS - Gray</u>	<u>112</u>	<u>125</u>	
<u>SS - Brown</u>	<u>125</u>	<u>130</u>	
<u>SS - Gray</u>	<u>130</u>	<u>134</u>	
<u>SS - Brown</u>	<u>134</u>	<u>136</u>	
<u>SS - Gray</u>	<u>136</u>	<u>255</u>	
<u>SS - Gray - Fractured</u>	<u>255</u>	<u>340</u>	

RECEIVED
MAY 27 2003
WATER RESOURCES DEPT.
SALEM, OREGON
Date started 5/5/03 Completed 5/6/03**(unbonded) Water Well Constructor Certification:**

I certify that the work 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 _____ WWC Number _____ 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.

Signed Michael C. Hall WWC Number 1165 Date 5/8/03