

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

WELL I.D. # L 69476  
 START CARD # 153257

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

(1) LAND OWNER Well Number 8  
 Name City of Florence  
 Address P.O. Box 340  
 City Florence State OR Zip 97439

(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 167  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16"	0	20	Cement w/ 50 Boncrete	0	20	14	
12"	20	166.7					

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"	41	166.315		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	46.5	163.375		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	161.7	167.375		<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 "V" wire Material 304SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
161.3	161.7	.008		12"	PS	<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
227	44.5		4 hr.
227	44.5		3 hr.

Temperature of water 51° 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 18S N or S Range 12W E or W WM.  
 Section 23 SE 1/4 NE 1/4  
 Tax Lo City Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) 28th + Willow  
Florence City well field

(10) STATIC WATER LEVEL:  
66.5 ft. below land surface. Date 6-10-03  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 66.5

From	To	Estimated Flow Rate	SWL
66.5	163	240 GPM	66.5

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Sand-brown	0	15	
Sand-brown w/small wood particles	15	112	66.5
Sand-Lt. Bl. Gray w/wood particles	112	142	
Sand-Dark Blue wood	142	163	
Clay	163	166.7	

~~Stoppage plate @ 166.7'~~  
**RECEIVED**  
 MAR 30 2004  
 WATER RESOURCES DEPT  
 SALEM, OREGON

Date started 5/15/03 Completed 3/16/04

(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 3-26-04