

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 69478
START CARD # 153272

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

(1) LAND OWNER Well Number 10
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 57.95 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16"	0	23	Cement w/4% Bentonite	0	23	32	
12"	23	158					

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"	0	154.45	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	15.25	101.45	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	152.95	158	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
101.45	152.95	208		12"	AS	<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
145	31.64		1 hr.
240	50.27		85.5 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 12 W E or W WM.
Section 23 SE 1/4 NE 1/4
Tax Lot City Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 28th & Willow
Florence City Well Field

(10) STATIC WATER LEVEL:
57' ft. below land surface. Date 10-7-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 57'

From	To	Estimated Flow Rate	SWL
57'	155	250 gpm	57

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand-brown	0	40	
Sand-Drk brown	40	60	57
Wood-Tree	60	84	}
Wood-sand	84	105	
Wood Particles-Sand	105	155	
Clay-blue Gray	155	157.9	
Cement Plug	154.45	157.95	
Stainless Plate w/1" hole @		157.95	

RECEIVED
MAR 30 2004
WATER RESOURCES DEPT
Date started SPRING, OREGON 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.
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 Paul Christensen WWC Number 636 Date 3-26-04