

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)

WELL I.D. # L 69479
START CARD # 153274

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

(1) **LAND OWNER** Well Number 11
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 165 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From	To	Material	From	To
16"	0	23	Cement	0	22
			4% Bentonite		
12"	22	165			

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	4	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	4	163	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	158.8	165	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 304 SS

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
107.3	158.8	.008		12"	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) **WELL TESTS:** Minimum testing time is 1 hour

Well output may fluctuate

Pump Bailer Air Artesian

Yield gal/min	Drawdown	Drill stem at	Time
144	47.25		1 hr.
204	71.8		5.5

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 18S N or S Range 12W 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) Florence City Well Field 28th + Willow

(10) **STATIC WATER LEVEL:**
44 ft. below land surface. Date 11-18-03
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
44	161	210	44

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

Material	From	To	SWL
Sand-Tan w/roots	0	51	
Sand-Tan	51	64	44
Wood-lots of IT	64	91	
Sand-Wood	91	121	
Sand-dark w/Wood	121	161	
Clay-blue black	161	165	

Cement Plug 162.5 to 165
Stainless plate w/1" hole @ 165'

RECEIVED

MAR 30 2004

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date started 7-25-03 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 Reed Christensen V-PA Date 3-26-04
Christensen Well Drilling Co.