

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L69480
START CARD # 153275

(as required by ORS 537.765)

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

(1) LAND OWNER Name City of Florence Well Number 12
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 194 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
16"	0	24	Cement 4% Bentonite	0	24	24	
12"	24	194					

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
12"	11	43	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	43	118	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12"	118	194	375	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Liner: _____
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
137.2	188.8	.008		12"	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
Well output may fluctuate

Yield gal/min	Drawdown	Drill stem at	Time
184	41.35		1 hr.
344	71.5		7hr

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) 28th + Willow
Florence City Well Field

(10) STATIC WATER LEVEL:
63 ft. below land surface. Date 10-29-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 63

From	To	Estimated Flow Rate	SWL
63	188	340 gpm	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand-Tan	0	11	
Sand-w/wood	11	43	
Sand-Tan	43	118	
Sand-w/wood	118	148	
Sand, Drk-w/Heavy wood	148	161	
Sand-Drk blue	161	192	
Clay-Blue	192	194	

Completed 192' to 194'
Stainless Steel plate w/ 1" hole @ 194'
MAR 30 2004
WATER RESOURCES DEPT
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.
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
Christensen Well Drilling Co