LANE 63528

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

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

(WELL I.D.)# L 68590

(START CARD) # 165670

(1) OWNER: Well Number 1

Name Dan Kintigh

Address 38839 E. Cedar Flat Rd.

City Springfield State OR Zip 97478

(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 105 ft.

Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	19	Bentonite	0	19	9 sacks
6	19	105				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☑ Other Poured

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:	6	+2	19	.250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	0	100	sdr26	☐	☑	☑	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☑ Perforations Method Saw

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40	100	1/8	60		4"	☐	☑
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
10	total	105	1 hr.

Temperature of water 56 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 17 S Range 01 W WM.

Section 32 NE 1/4 SE 1/4

Tax Lot 1200 Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Cedar Flat Rd.

Springfield, OR 97478

(10) STATIC WATER LEVEL:

12 ft. below land surface. Date 5-11-04

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 55'

From	To	Estimated Flow Rate	SWL
55'	60'	10 gpm	12'

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Brown Clay	2	8	
Brown Blue Grey Conglomerate	8	43	12
Blue Grey Basalt - Hard	43	105	12

RECEIVED
JUN 07 2004
WATER RESOURCES DEPT
SALEM, OREGON

Date started 5-10-04 Completed 5-12-04

(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 1800

Signed Terry Queen Date 5-12-04

(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 1553

Signed _____ Date 5-12-04

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER