

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

LANE 63572

(WELL I.D.)# L 71198
 (START CARD) # 166324

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

(1) OWNER: Well Number _____

Name **LANE COUNTY SHERIFFS WORK CAMP**
 Address **125 EAST 8TH AVE**
 City **EUGENE** State **OR** Zip **97401**

(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 **179** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	38	CEMENT	0	38	13 SACKS
6"	38	179				

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: 6"	+2	38	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: N/A				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) **N/A**

(7) PERFORATIONS/SCREENS:

Perforations		Method		Material	
From	To	Slot size	Number	Tele/pipe size	Casing
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
30	125	179	1 hr.

Temperature of water **57.8** 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 **19** S Range **7** W WM.
 Section **25** SW 1/4 NE 1/4
 Tax Lot **700** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **21600 Suislaw River Rd. Alma**

(10) STATIC WATER LEVEL:
54 ft. below land surface. Date **6/18/2004**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **150**

From	To	Estimated Flow Rate	SWL
150	152	4	54
161	162	26	54

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
BROWN CLAY	1	20	
GRAY SANDSTONE (BROKEN)	20	28	
GRAY SANDSTONE (MEDIUM)	28	179	54

RECEIVED

JUN 28 2004

WATER RESOURCES DEPT
 SALEM, OREGON

RECEIVED
 JUL 20 2004
 WATER RESOURCES DEPT
 SALEM, OREGON

Casey Jones Well Drilling Co. Inc
 541-747-2806
 Date started **6/18/2004** Completed **6/18/2004**

(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 **1776**
 Date **6/21/2004**

(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 _____ WWC Number **1541**
 Date **6-21-04**