

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

(WELL I.D.)# **L 71194**
 (START CARD) # **166331**

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

(1) OWNER: Well Number **#1**
 Name **VAN DUYN LAND CO. / BILL STEVENSON**
 Address **33401 VAN DUYN**
 City **EUGENE** State **OR** Zip **97408**

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

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	98	CEMENT	0	98	65 SACKS	
8"	98	117	CEMENT	110	117	2 SACKS	
6"	117	287					

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	117	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	0	287		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(7) PERFORATIONS/SCREENS:

Perforations Method **SAW**
 Screens Type **LINER** Material **PLASTIC**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
167	207	1"	400	1/8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
247	287	1"	400	1/8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
40	161	287	1 hr.

Temperature of water **57** 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 **16** S Range **3** W WM.
 Section **34** SE 1/4 **SW** 1/4
 Tax Lot **200** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **Across from 33401 Van Duyn Eugene**

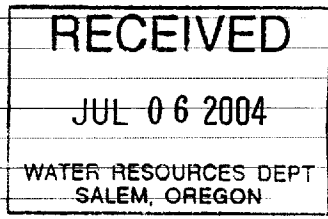
(10) STATIC WATER LEVEL:
126 ft. below land surface. Date **6/27/2004**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **35**

From	To	Estimated Flow Rate	SWL
35	90	30	14
160	195	15	126
260	268	25	126

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
BROWN CLAY	2	9	
BROWN SANDSTONE	9	35	
BROWN SANDSTONE WITH GRAVEL	35	105	14
BLUE SANDSTONE	105	135	
BLUE AND GREEN CONGLOM.	135	205	126
GRAY CLAY STONE SOFT	205	210	
BLUE AND GREEN CONGLOM.	210	287	126



Casey Jones Well Drilling Co. Inc.
 541-747-2806
 Date started **6/23/2004** Completed **6/27/2004**

(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 **7/1/2004**

(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 **7/1/2004**