

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.

LANE
 63743
 WELL I.D. # L 60052
 START CARD # 86488

(1) OWNER: Well Number H1
 Name Skyridge Homeowners Assoc c/o Tim Wiper County Lane Latitude _____ Longitude _____
 Address PO Box 5509
 City Eugene State OR 97405

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other Horizontal 20 degrees below level

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 490 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	60				
6	0	70	Type III	0	60	21 Sacks

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	Material				
			Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	+1	60	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 1/2	+1	489	sch 40	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From		To		Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
60	489	60	489						
		.020				4 1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
2			1 hr.

Flowing Artesian

Temperature of water 52 deg. Depth Artesian Flow Found 450
 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:
 Township 185 N or S Range SW E or W. WM.
 Section 25 NE 1/4 SE 1/4
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) Skyridge Rd

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 7/19/04
 Artesian pressure 3 lb. per square inch. Date 8/4/04

(11) WATER BEARING ZONES:
 Depth at which water was first found 98'

From	To	Estimated Flow Rate	SWL
98	490	50	0

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Red Clay	0	20	
Brown Clay	20	34	
Brown Sandstone	34	93	
Blue/ Gray Bedrock	93	490	98
"Fractured"			

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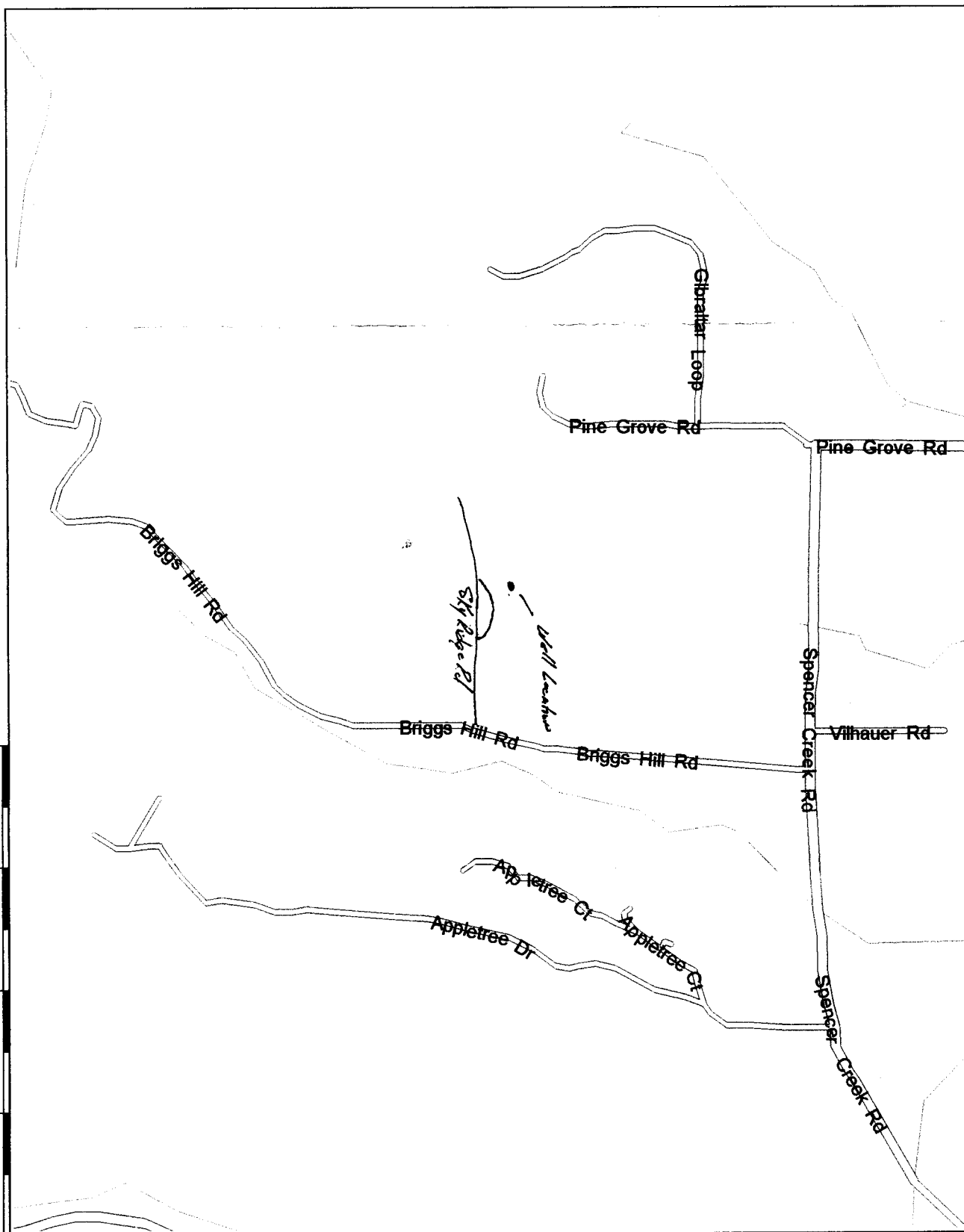
WATER RESOURCES DEPT SALEM, OREGON WATER RESOURCES DEPT SALEM, OREGON

Date started 7/14/04 Completed 8/4/04

(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 1801 Date 8/23/04

(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.
 Signed _____ WWC Number 1796 Date 8/23/04

Eugene area, Oregon, United States



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WATER RESOURCES DEPT
SALEM, OREGON