

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

WELL I.D. # L 44112
 START CARD # W136148

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

(1) **LAND OWNER** Well Number _____
 Name JIM KITTLESON
 Address 91554 STALLING LN.
 City EUGENE State OREGON 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 82 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	22'	CEMENT	0'	22'	22
6"	0'	82'				

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

Backfill placed from 0 ft. to 22 ft. Material CEMENT
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) **CASING/LINER:**

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6"	+1'	81'	250	☒	☒	☐
					☐	☐	☐
					☐	☐	☐
Liner:					☐	☐	☐
					☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
 Final location of shoe(s) 81'

(7) **PERFORATIONS/SCREENS:** NO NE
☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
50	30'	BOTTOM	1 hr.

Temperature of water 58° 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: 62'

(9) **LOCATION OF WELL by legal description:**
 County LANE Latitude _____ Longitude _____
 Township 16 S N or S Range 3 W E or W. WM. _____
 Section 29 SW 1/4 NE 1/4 _____
 Tax Lot 400 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 91554 STALLING LN. EUGENE, ORE. 97408

(10) **STATIC WATER LEVEL:**
11 ft. below land surface. Date 9-27-04
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 62'

From	To	Estimated Flow Rate	SWL
62'	65'	30 GPM	11'
79'	82'	50 GPM	11'

(12) **WELL LOG:**
 Ground Elevation -0-

Material	From	To	SWL
TOP SOIL	0'	2'	
BROWN CLAY	2'	13'	
CEMENTED SAND+GRAVEL	13'	31'	
SAND+GRAVEL+CLAY-SOFT	31'	37'	
CEMENTED SAND+GRAVEL	37'	53'	
SAND+CLAY-TIGHT	53'	79'	11'
SAND+PEA GRAVEL-FIRM	79'	82'	11'

RECEIVED

OCT 01 2004

WATER RESOU. PT
 SALEM, OREGON

Date started 7-22-04 Completed 9-28-04

(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 _____
 Signed _____ 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.

WWC Number 502
 Signed Clayton Hass Date 9-29-04