

lane
64264

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

(WELL I.D.) # L 76052
(START CARD) # 171470

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

(1) OWNER: Well Number _____

Name **Umpqua National Forest**

Address **2900 NW Stewart Parkway**

City **Roseburg** State **OR** Zip **97470**

(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 **100** ft.

Explosives used Yes No Type _____ Amount _____

HOLE SEAL

Diameter	From	To	Material	From	To	Sacks or pounds
10	0	18	cement	0	18	13 sacks

Diameter	From	To	Material	From	To	Sacks or pounds
6	18	100				

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	18	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Liner: 4	0	100	30226	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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
60	100	1/4	40		4	<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	total	100	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 **43.40.197** Longitude **122.42.396**

Township **22** S Range **1** E WM.

Section **9** 1/4 **sw** 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) **Row River & Brice Creek**

32 miles SE of Cottage Grove - Cedar Creek Campground

(10) STATIC WATER LEVEL:

25 ft. below land surface. Date **2-23-05**

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **70**

From	To	Estimated Flow Rate	SWL
70	90	40	25

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Brown clay	0	8	
Gray basalt	8	13	
Red purple claystone	13	30	
Gray claystone	30	70	
Brown claystone	70	90	25
Gray claystone	90	100	25

RECEIVED
RECEIVED
MAR 24 2005
JUN 07 2005
WATER RESOURCES DEPT
SALEM, OREGON
WATER RESOURCES DEPT
SALEM, OREGON

Date started **2-23-05** Completed **2-23-05**

(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 **1553**

Signed *Jeffrey Harshbarger* Date **2-25-05**