

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

WATER RESOURCES DEPT.
JUNCTION, OREGON

LANE
6438

158/4W/33
7961

(START CARD) #

(1) OWNER:

Well Number: 392
Name Reepstew Farms Inc.
Address 220 E 18th St.
City Junction City State OR Zip 97448

(2) TYPE OF WORK:

New Well Deepen Recondition Abandon

(3) DRILL METHOD

Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:

Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 43 ft.
Explosives used Type _____ Amount _____

HOLE		SEAL		Amount sacks or pounds
Diameter	From To	Material	From To	
16"	0' 18'	Cement	0 18	12 Sacks
12"	18' 43'			

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	
			Steel	Plastic	Welded	Threaded	Plastic	Welded	Threaded	Plastic	Welded	Threaded
Casing: 12"	+1 43'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Final location of shoe(s) 43 ft.

(7) PERFORATIONS/SCREENS:

Perforations Method Touch Cut
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19'	37'	3x5	196			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
500+		43 ft.	1 hr.

Temperature of water _____ 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 15 S N or S, Range 4 W E or W, WM.
Section 33 1/4 1/4
Tax Lot 00702 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 29629
Dane Ln Junction City

(10) STATIC WATER LEVEL:

7 ft. below land surface. Date 2/27/89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 19 ft

From	To	Estimated Flow Rate	SWL
19	37	500+	17

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	2	
Dark Brown Clay	2	12	
Cemented Gravel	12	19	17
Sand & Gravel	19	37	17
Yellow Clay & Gravel	37	43	17

Date started 2/22/89 Completed 2/27/89

(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 well construction standards. Materials used and information reported above are true to my best knowledge and belief.

Signed _____ WWC Number _____
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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Donald J. Foring WWC Number 751
Date 3/6/89