

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 88625
 START CARD # 192702

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company South Lane School District
 Address PO Box 218
 City Cottage Grove State OR Zip 97424

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 100 ft.

BORE HOLE			SEAL			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
10	0	18	Cement	0	18	8	S
6	18	100					

How was seal placed: Method A B C D E
 Other
 Backfill placed from _____ ft. to _____ ft. Material _____
 Filter pack from _____ ft. to _____ ft. Material _____ Size _____
 Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		2	18	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4		0	100	sdr26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____
 Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method saw
 Screens Type _____ Material _____

Perf	Casing/Screen	Screen Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner		4	20	100	.125	6	80	4

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
 15 _____ 100 1

Temperature 56 °F Lab analysis Yes By _____
 Water quality concerns? Yes (describe below)
 From To Description Amount Units

(9) LOCATION OF WELL (legal description)
 County LANE Twp 21 S N/S Range 2 W E/W WM
 Sec 13 SE 1/4 of the SW 1/4 Tax Lot 300
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' _____ " or 0 DMS or DD
 Long _____ ° 0 ' _____ " or 0 DMS or DD
 Street address of well Nearest address
 37141 Row River Road - Dorena School

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	07-16-2007			20

Flowing Artesian? Dry Hole?
 WATER BEARING ZONES Depth water was first found 50

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
07-16-2007	50	55	15			20

(11) WELL LOG

Material	From	To	Ground Elevation
Sand and gravel	0	10	
Blue Gray Sandstone	10	50	
Gray Sandstone	50	55	
Blue Gray Sandstone	55	100	

RECEIVED

AUG 17 2007

WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 07-16-2007 Completed 07-16-2007

(unbonded) Water Well Constructor Certification
 I certify that the work I performed on the construction, deepening, 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.

License Number 1859 Date 07-18-2007
 Password: (if filing electronically) _____
 Signed *Chris Henderson*

(bonded) Water Well Constructor Certification
 I accept responsibility for the construction, deepening, 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.

License Number 551 Date 07-18-2007
 Password: (if filing electronically) *****
 Signed *Stephen J. Smith*
 Contact Info (optional) _____