

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

WELL LABEL # L 93196

START CARD # 197554

(1) LAND OWNER Owner Well I.D. _____

First Name Jim Last Name Hillyard
 Company _____
 Address 77721 Chisholm Trail Road
 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 80 ft.

BORE HOLE			SEAL			sacks/ Amt lbs
Dia	From	To	Material	From	To	
6	55	80				

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 type="checkbox"/>	<input checked="" type="checkbox"/>	4		0	80	sdr26	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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/ Screen	Casing/ Liner	Screen Dia	From	To	Scrns/slot width	Slot length	# of slots	Tele/ pipe size
		4	20	80	.125	6	60	

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

Pump Bailer Air Flowing Artesian

Yield gal/min 42 Drawdown _____ Drill stem/Pump depth 80 Duration (hr) 1

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
42		80	1

Temperature 57 °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 20 S N/S Range 3 W E/W WM
 Sec 10 NW 1/4 of the NW 1/4 Tax Lot 901
 Tax Map Number _____ Lot _____
 Lat _____ ° 0 ' " or 0 DMS or DD
 Long _____ ° 0 ' " or 0 DMS or DD
 Street address of well Nearest address

32928 England Rd, Creswell

(10) STATIC WATER LEVEL

Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening <u>07-17-2008</u>		<u>31</u>
Completed Well <u>7-17-08</u>		<u>31</u>

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found _____

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
07-17-2008					31

(11) WELL LOG

Ground Elevation _____

Material	From	To
Hard Blue Basalt	55	80
Water & Static stayed the same		
45' cement seal undisturbed		
Lane 021978		

RECEIVED
 OCT 06 2008
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 07-17-2008

Completed 07-17-2008

(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 1876

Date 07-21-2008

Password: (if filing electronically) _____

Signed John Volk

(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 1553

Date 07-21-2008

Password: (if filing electronically) _____

Signed John Volk

Contact Info (optional) _____

ORIGINAL WATER RESOURCES DEPARTMENT