

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

WELL I.D. # L 13912
START CARD # 99692

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

(1) OWNER: Well Number 8
Name King Estate Vineyard
Address 80854 Territorial Rd.
City Eugene State OR Zip 97405

(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 500 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	39	Concrete	0	39	9
6"	39	500	4 1/2 bentonite			

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"	+	39	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
/							

(8) WELL TESTS: Minimum testing time is 1 hour
well output may fluctuate
 Pump Bailer Air Flowing Artesian
Yield gal/min 20 Drawdown 475.8 Drill stem at 500 Time 1 hr.

Temperature of water 51° 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 20 S N or S Range 5 W E or W. WM. _____
Section 2 ~~NE~~ 1/4 NE 1/4 _____
Tax Lot 801 Lot NE Block _____ Subdivision _____
Street Address of Well (or nearest address) 27607 Orchard Lane
Lomine, OR

(10) STATIC WATER LEVEL:
24.2 ft. below land surface. Date 9/9/98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 258

From	To	Estimated Flow Rate	SWL
258	275	14	
460	462	+ 6	24.2

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Soil, red	2	5	
Clay, red	5	15	
Sandstone, weathered	15	29	
Sandstone	29	500	24.2

RECEIVED
SEP 02 2000
WATER RESOURCES DEPT
SALEM, OREGON

Date started 9/4/98 Completed 9/9/98
(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 6236
Signed Paul Christensen Date 9/28/98