

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

WELL I.D. # L 51009
START CARD # 144652

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

(1) LAND OWNER Ocean Dunes Golf Links Well Number _____
Name _____
Address 3345 Munsel Lake Rd
City Florence State OR Zip 97439

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

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
14"	0'	20'	Cement-w/ 4% bentonite	0'	20'	14	
10"	20'	120'					

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:	10"	+1'	56'	.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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type "V" wire Material stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
56	118	.008		10	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
118	120	blank		10	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
well output may fluctuate

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
165	13.5		1 hr.
165	13.5		1.5 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 18 S N or S Range 12 W E or W. WM.
Section 23 NE 1/4 NE 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 3345 Munsel Lake Rd
Florence, OR

(10) STATIC WATER LEVEL:
8.5 ft. below land surface. Date 7/2/02
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 46

From	To	Estimated Flow Rate	SWL
46	116	165 gpm	8.5

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	1	
Sand, brown w/ wood	1	20	
Sand, yellow/tan	20	23	
Sand, brown/tan	23	29	
Sand, gray	29	36	
Clay, gray	36	43	
Sand, lt brown	43	46	8.5
Sand, gray	46	116	8.5
Clay, blue	116	120	8.5

Date started 6/3/02 Completed 7/3/02

(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 636
Signed Paul Christensen Date _____
Christensen Well Drilling Co

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SEP 02 2008
WATER RESOURCES DEPT
SALEM, OREGON