

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

WELL LABEL # L 95636  
 START CARD # 199868

**(1) LAND OWNER** Owner Well I.D. \_\_\_\_\_  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company US Army Corps of Engineers  
 Address 333 SW 1st Ave  
 City Portland State OR Zip 97204-3495

**(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	Bentonite	0	18	9	S
6	18	100					

How was seal placed: Method  A  B  C  D  E  
 Other poured  
 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	Std	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6	2	18	.250	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5	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	Scr/slot	Slot	# of	Tele/		
Screen	Liner	Dia	From	To	width	length	slots	pipe size
Perf	Liner	4.5	20	100	.125	6	80	

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

Pump  Bailor  Air  Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		100	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 21 S N/S Range 2 W E/W WM  
 Sec 5 NE 1/4 of the NW 1/4 Tax Lot N/A NONE  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ ° 0' \_\_\_\_\_ " or 43.7794 DMS or DD  
 Long \_\_\_\_\_ ° 0' \_\_\_\_\_ " or -122.9604 DMS or DD  
 Street address of well  Nearest address  
34963 Shoreview Dr., Cottage Grove

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	10-07-2008		40

Flowing Artesian?  Dry Hole?

WATER BEARING ZONES Depth water was first found 58

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
10-07-2008	58	65	25		40

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Dark Brown Clay & Boulders	0	4
Light Brown Clay	4	8
Hard Blue Basalt	8	26
Gray Brown Basalt	26	65
Blue Green Brown Basalt	65	100

**RECEIVED**  
 NOV 04 2008  
 WATER RESOURCES DEPT  
 SALEM, OREGON

Date Started 10-07-2008 Completed 10-07-2008

**(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 10-08-2008  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed [Signature]

**(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 1513 Date 10-08-2008  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed [Signature]  
 Contact Info (optional) \_\_\_\_\_

**RECEIVED**  
 DEC 08 2008