

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

09-21-2009

WELL LABEL # L 100675

START CARD # 1008121

Revised 2/25/11

(1) LAND OWNER Owner Well I.D. _____
 First Name _____ Last Name _____
 Company LANE FOREST PRODUCTS
 Address 2111 PRAIRIE RD
 City EUGENE State OR Zip 97402

(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 196.00 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
12	0	19	Cement	0	19	16	S
8	19	196					

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	Sil	Plstc	Wld	Thrd
	8	<input checked="" type="checkbox"/>	4	155	.25			<input checked="" type="checkbox"/>	
	6	<input type="checkbox"/>	154	196	sdr26			<input checked="" type="checkbox"/>	

Shoe Inside Outside Other Location of shoe(s) 155

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS
 Perforations Method _____
 Screens Type FACTORY Material stainless steel

Perf/S cren	Casing/ Liner	Screen Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen		6	154	196	.01		10,000	6

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

Pump Bailor Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem/Pump depth 154 Duration (hr) 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 16.00 S N/S Range 4.00 W E/W WM
 Sec 17 NE 1/4 of the SW 1/4 Tax Lot 504
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

1/4 MILE N. OF MILLIRON RD., HWY 99 N, E. SIDE, JUNCTION CITY, OR

(10) STATIC WATER LEVEL Date _____ SWL(psi) + SWL(ft)
 Existing Well / Predeepening _____
 Completed Well 09-18-2009 _____ 35
 Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 35

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
09-18-2009	35	184	300		35

(11) WELL LOG Ground Elevation _____

Material	From	To
TOP SOIL	0	1
BROWN CLAY	1	10
GRAVEL	10	70
SANDY BLUE CLAY WITH GRAVEL	70	154
BLACK SAND	154	184
BLUE CLAY	184	196

RECEIVED

FEB 28 2011

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 09-17-2009 Completed 09-18-2009

(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 1776 Date 09-21-2009
 Electronically Filed
 Signed DOUGLAS D TUCKER (E-filed)

(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 1541 Date 09-21-2009
 Electronically Filed
 Signed CASEY JONES JR (E-filed)
 Contact Info (optional) Casey Jones Well Drilling Co., Inc. 541-747-2806