

Lane 7055 Y

WELL I.D. # L 60241
START CARD # W201029

(as required by ORS 537.765)

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

(1) LAND OWNER Well Number L60241
Name Down BLE R.J. LLC
Address 37147 PARSONS CR. RD
City SPRINGFIELD State ORE Zip 97478

(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 100 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	18'	BENTONITE	0	18'	8 SACKS
6"	18'	100'				

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other POURED DRY

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"	1'	79'	250	☒	☐	☒	☐

Liner:							

Drive Shoe used ☐ Inside ☐ Outside ☒ None
Final location of shoe(s) 0

(7) PERFORATIONS/SCREENS:

☐ Perforations	Method	
☐ Screens	Type	Material

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liners
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour			
☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
8 GPM	100%	100'	1 hr.

Temperature of water 52° 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 16-5 N or S Range 2 W E or W. WM.
Section 11 SE 1/4 SW 1/4
Tax Lot 213 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) NEXT TO 37147
PARSONS CR. RD. SPFLD, OR 97428

(10) **STATIC WATER LEVEL:**
9' ft. below land surface. Date 6-28-10
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
27'	100'	8 GPM	9'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
CLAY BROWN	2	12	
CLAY BROWN, GRAVEL			
SAND	12	100'	9'

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~~JUL 08 2010~~

WATER RESOURCES DEPT
SALEM, OREGON

Date started 6-24-10 Completed 6-27-10

(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.

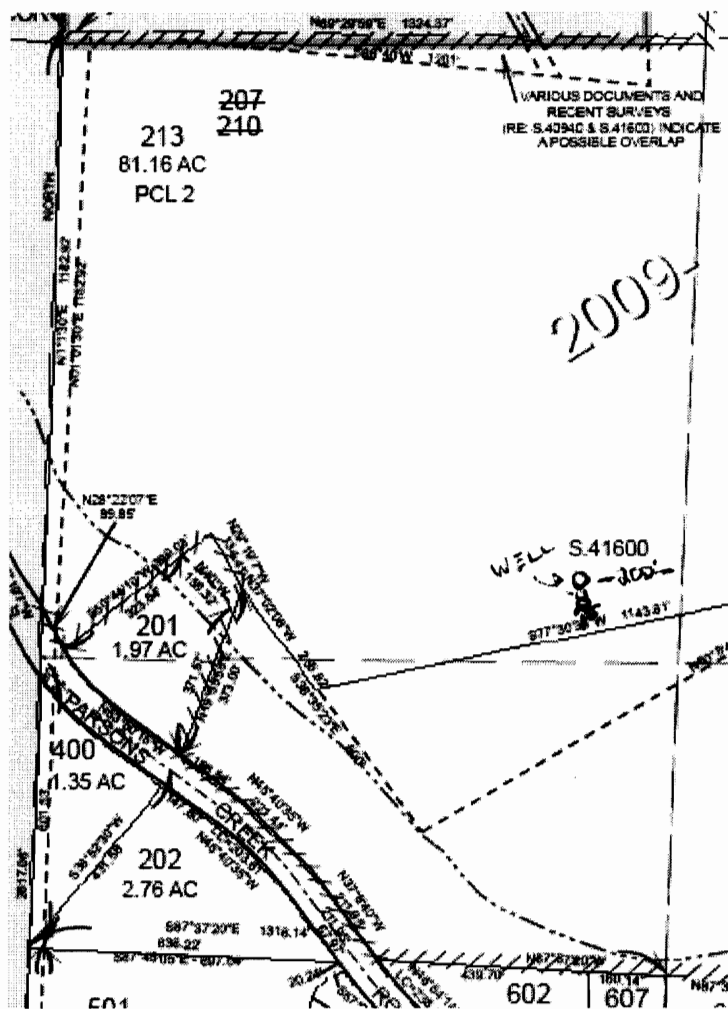
Signed _____ WWC Number _____
Date _____

(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.

Signed Glenn White WWC Number 1248
Date 6-28-10

EXEMPT USE WELL LOCATION MAP



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WATER RESOURCES DEPT
SALEM, OREGON

* Well located 100'
From South and East
boundary lines



Lane County

Assessor Map Reference Number: 16S 2W 11 SESW: Tax Lot 213.

Street Address of Well, if Available: Next To 37147 Parsons Creek Road, Springfield, OR. Well Log #. LANE 70558. Well Label (ID Tag) # L 60241. (Please Locate Well and Indicate distance From Property or Survey Corner, See Attached Map.) You may also locate your well using our exempt use well mapping tool on our website at [www.wrd.state.or.us/OWRD/exempt use 788 info.shtml](http://www.wrd.state.or.us/OWRD/exempt%20use%20788%20info.shtml) or by contacting the Exempt Use Well Program Coordinator at 503 986-0861.

MAP NOT TO SCALE