

STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 71633

WELL LABEL # L 105366
START CARD # 1016165
ORIGINAL LOG #

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D. _____
First Name Ken Last Name Glenn
Company Glenn Landscape Service
Address PO Box 42046
City Eugene State OR Zip 97404

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth _____ ft.
Seal Material _____
Casing Type: Steel Plastic Other _____
Casing Gauge _____ Casing Diameter _____

(3) DRILL METHOD Rotary Air Rotary Mud Auger
 Cable Cable Mud Reverse Rotary Other _____

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/Commercial Livestock Dewatering Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 79 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
10"	0	18	Bentonite	0	18	8	Scks
6"	18	79					

How was seal placed: Method A B C D E
 Other poured dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X		6"	+	1	79	.250	X		X	

Shoe Inside Outside Other Location of shoe(s) 79'
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Torch cut
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X				75	78	.25	8"	6	6"

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 150+ Drawdown 78' Drill stem/Pump depth 1 Duration (hr) _____
Temperature 53 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County Lane Twp 16 N of 3 Range 4 E or W W.M.
Sec 34 NW 1/4 of the NW 1/4 Tax Lot 906
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
Street Address of Well (or nearest address) 30228 Beacon Dr.
Junction City, OR 97448

(10) STATIC WATER LEVEL
Date _____ SWL (psi) _____ + _____ SWL (ft) _____
Existing Well/Pre-Alteration _____
Completed Well 03-27-12 _____ - _____ 5'
Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found 24'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
03-27-12	24	79	150GPM		-	5'

(11) WELL LOG Ground Elevation _____

Material	From	To
gravel drive	0	2
clay brown	2	12
cemented gravel	12	22
sand and gravel	22	58
clay brown	58	64
loose sand and gravel	64	79

Date Started 03-27-12 Completed 03-27-12

(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 19366 Date 03-27-12
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 1723 Date 3-27-12
Signed [Signature]
Contact Info. (optional)

RECEIVED
APR 05 2012

WATER RESOURCES DEPT