

STATE OF OREGON
WATER SUPPLY WELL REPORT

LANE 71946

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WELL LABEL # L 107897
START CARD # 207982
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 Jim Last Name Jennings
Company Hcountry Village
Address 93590 Hwy 99S
City Junction City State OR Zip 97448

(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 120' ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia"	From	To	Material	From	To	Amount	Scks/lbs
10"	0'	19'	Bentonite	0'	19'	9	Scks
6"	19'	120'					

How was seal placed: Method A B C D E
 Other Bentonite Placed @ 1 sck. pr. 5 min rate
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"		11'	79'	.1250	X		X	
	X	4"		0'	120'	.1160		X		

Shoe Inside Outside Other Location of shoe(s) None
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method Elect. Saw
Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X			X	4"	40'	120'	4"	4"	155	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 20gpm Drawdown 0 Drill stem/Pump depth 45' Duration (hr) 18 hrs
Temperature 57°F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS 119 ppm
From _____ To _____ Description _____ Amount _____ Units _____

(9) LOCATION OF WELL (legal description)
County Lane Twp 116S N or S Range 04W E or W W.M.
Sec 05 Sw 1/4 of the SW 1/4 Tax Lot 300
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL

Existing Well/Pre-Alteration	Date	SWL (psi)	+	SWL (ft)
Completed Well	<u>8-22-12</u>			<u>18'</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 78'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>8-22-12</u>	<u>80'</u>	<u>120'</u>	<u>20gpm</u>			<u>18'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
Topsoil	0	2
Brown Clay (Sandy)	2	8
Cemented Gravel	8	17
Brown Sand & Gravel	17	38
Brown Sandy Clay	38	44
Brown Sand	44	57
Blue Sand w/ clay	57	73
Blue Sand w/ wood	73	77
Blue Sandy Claystone	77	115
Blue Sand	115	120

Do not recommend Pumping Below 45' Due to Fine Sand

Date Started 8-21-12 Completed 8-22-12

(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 on this report are true to the best of my knowledge and belief.

RECEIVED BY OWRD
License Number FEB 15 2017 Date SEP 05 2012
Signed _____

(bonded) Water Well Constructor Certification SALEM, OR
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 751 Date 8-22-12
Signed Donald J. Downing
Contact Info. (optional) 541-847-5470
Mid Valley Drilling Inc.