

STATE OF OREGON
WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

WELL I.D. # L 100529

START CARD # 204833

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

(1) LAND OWNER Well Number 12
Name Seneca Sawmill
Address PO Box 851
City Eugene State OR Zip 97440

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

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

(4) PROPOSED USE
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 150 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or Pounds
12"	0'	20'	bentonite	0'	20'	15 bags chips
10"	20'	154'				

How was seal placed: Method A B C D E
 Other as per OAR 690-210-340

Backfill placed from 150 ft. to 154 ft. Material gravel
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER

Casing:	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10"	+1'	66'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	9"	76'	86'	.280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	9"	136'	150'	.280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 154'

(7) PERFORATIONS/SCREENS

Perforations Method _____
 Screens Type V Wire Material SS

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
66'	76'	.047		10"	PS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
86'	96'	.030		10"	PS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
96'	136'	.060		10"	PS	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
455 gpm	9.67'		8 hours

well output may fluctuate

Temperature of water 51 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 (legal description)
County Lane
Tax Lot 2000 Lot _____
Township 17 S Range 4 W WM
Section 4 SE 1/4 SW 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)

Street Address of Well (or nearest address) 90201 Hwy 99 N
Eugene, OR

(10) STATIC WATER LEVEL
5.64 ft. below land surface. Date 11/17/09
_____ ft. below land surface. Date _____
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 30'

From	To	Estimated Flow Rate	SWL
30'	32'	100 gpm	5.64'
38'	66'	300 gpm	5.64'
70'	148'	400 gpm	5.64'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
topsoil	0'	2'	
clay, tan	2'	12'	5.64'
sand/gravels	12'	80'	5.64'
sand, coarse	80'	113'	5.64'
gravels, large w/ coarse sand	113'	135'	5.64'
sand/gravels	135'	151'	5.64'
clay, gray green	151'	154'	5.64'

RECEIVED BY OWRD

K Packer @ 65' AUG 30 2013
SALEM OR

Date Started 10/12/09 Completed 10/16/09

(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.

WWC Number _____ Date _____

Signed _____

(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.

WWC Number 636 Date _____

Signed Paul Christensen
CHRISTENSEN WELL DRILLING CO.