

LANE 73023

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

LANE 73023

WELL LABEL # L 112047
START CARD # 210608

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

(1) LAND OWNER Owner Well I.D.
First Name Michael Last Name Kirschnick
Company _____
Address 26441 MLAWA DRIVE
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 ☐ Injection
☐ Thermal ☐ Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: ☐ Yes (attach copy)
Depth of Completed Well 162 ft.

BORE HOLE				SEAL				Amount	Scks/lbs
Dia	From	To	Material	From	To				
10"	0	39	Bentonite	39	0			20	sch
6"	39	162							

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Bentonite Bored Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Filter pack from _____ ft. to _____ ft. Material _____ Size _____
Explosives used: ☐ Yes Type _____ Amount _____

(6) CASING/LINER		Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
Csng	Lnr									
X	X	6"	+	1	39	250	X		X	
	X	4"	-	2	162	2.160		X	X	

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

(7) PERFORATIONS/SCREENS
Perforations Method SK/LSAW
Screens Type _____ Material _____

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X			X		42	162	1/8	4"	312	4"

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min 125 Drawdown 162 Drill stem/Pump depth 1 Duration (hr) 1

Temperature 50 °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 18 N or S 5 E or W W.M.
Sec 9 NW 1/4 of the SE 1/4 Tax Lot 708
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/Predeepening Date _____ SWL(psi) _____ + _____ SWL(ft) _____
Completed Well 2/15/14 9
Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES		Depth water was first found	
SWL Date	From To	Est Flow	SWL (psi) + SWL (ft)
2/15/14	50 60	30	
2/15/14	135 140	95	9

(11) WELL LOG		Ground Elevation	
Material	From	To	
Topsoil	0	19	
Tan clay			
Blue clay	19	27	
Gray sandstone	27	162	

RECEIVED BY _____ RECEIVED BY OWRD _____
MAR 17 2014 JUL 31 2014
SALEM, OR SALEM, OR

Date Started 2/13/14 Completed 2/15/14

(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 _____ 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.
License Number 1562 Date 3-13-14
Signed Sen Oller
Contact Info. (optional) _____