

# LANE 73331

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

**WELL LABEL # L** 113613  
**START CARD #** 1023794

**(1) LAND OWNER** Owner Well I.D. 5433  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company Oregon Parks and Recreation Department  
 Address 12735 NW Pacific Coast Highway  
 City Seal Rock State OR Zip 97376

**(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  
 Thermal  Injection  Other \_\_\_\_\_

**(5) BORE HOLE CONSTRUCTION** Special Standard  (Attach copy)  
 Depth of Completed Well 300 ft.

BORE HOLE			SEAL			sacks/ lbs	
Dia	From	To	Material	From	To	Amt	
10	0	45	Cement	0	45	15	S
6	45	300					

How was seal placed: Method  A  B  C  D  E  
 Other \_\_\_\_\_

Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
 Filter pack from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Size \_\_\_\_\_

Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

**(6) CASING/LINER**

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	6		1	45	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4.5		0	300	sch40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shoe  Inside  Outside  Other Location of shoe(s) \_\_\_\_\_  
 Temp casing  Yes Dia 10 From 0 To 19

**(7) PERFORATIONS/SCREENS**

Perforations Method Drilled 1/4" holes  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

Perf/S	Casing/	Screen	Scrm/slot	Slot	# of	Tele/	
Perf	Liner	Dia	width	length	slots	pipe size	
		4.5	120	300	.25	.25	700

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
25		299	1

Temperature 53 °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 16 S N/S Range 12 W E/W WM  
 Sec 22 SW 1/4 of the NE 1/4 Tax Lot 200  
 Tax Map Number \_\_\_\_\_ Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address

Washburn State Park, East side of Hwy 101

**(10) STATIC WATER LEVEL**

Existing Well / Predeepening	Date	SWL(psi)	+ SWL(ft)
Completed Well	08-12-2014		19

Flowing Artesian?  Dry Hole?

**WATER BEARING ZONES** Depth water was first found 135

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
08-12-2014	135	150	25		19

**(11) WELL LOG** Ground Elevation \_\_\_\_\_

Material	From	To
Topsoil	0	2
Brown clay	2	36
Gray sandstone soft	36	120
Hard gray sandstone	120	260
Gray basalt	260	290
Gray brown claystone	290	300

**JONES DRILLING CO., INC.** RECEIVED BY OWRD  
**29400 SANTIAM HWY.**  
**LEBANON, OR 97355**  
**541-367-2560 541-451-2686**  
**1-800-915-8388**

AUG 19 2014  
 SALEM, OR

Date Started 08-11-2014 Completed 08-12-2014

**(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 1888 Date 08-14-2014  
 Password: (if filing electronically) \_\_\_\_\_  
 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 1684 Date 08-14-2014  
 Password: (if filing electronically) \_\_\_\_\_  
 Signed [Signature]  
 Contact Info (optional) jonesdrilling@hotmail.com