

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

LANE
7421

007 21 008

11/23/88

(1) OWNER: Well Number: 6355
Name BOB MELTERBEKE
Address 3324 REGENT
City EUGENE State OR Zip 97401

(2) TYPE OF WORK:
☒ New Well ☐ Deepen ☐ Recondition ☐ Abandon

(3) DRILL METHOD
☒ Rotary Air ☐ Rotary Mud ☐ Cable
☐ Other

(4) PROPOSED USE:
☒ Domestic ☐ Community ☐ Industrial ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

(5) BORE HOLE CONSTRUCTION:
Final Construction approval Yes ☐ No ☒ Depth of Completed Well 200 ft.
Explosives used Yes ☐ No ☒ Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>6</u>	<u>19</u>	<u>200</u>	<u>CEMENT</u>	<u>0</u>	<u>19</u>	<u>7</u>

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other

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

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	<u>6</u>	<u>19</u>	<u>200</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:	<u>4 1/2</u>	<u>10</u>	<u>200</u>	<u>300</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>5</u>	<u>75</u>	<u>1/8</u>	<u>20</u>		<u>4 1/2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>150</u>	<u>150</u>	<u>1/8</u>	<u>60</u>		<u>4 1/2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>60</u>		<u>200</u>	<u>1 hr.</u>

Temperature of water _____ 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 by legal description:

County LANE Latitude _____ Longitude _____
Township 16 S Nor S, Range 3 W E or W, WM.
Section 27 SE 1 NE 34
Tax Lot 4300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:

6 ft. below land surface. Date 9/23/88
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 76'

From	To	Estimated Flow Rate	SWL
<u>71</u>	<u>72</u>	<u>10</u>	<u>6</u>
<u>135</u>	<u>137</u>	<u>50</u>	<u>6</u>

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>2</u>	
<u>YELLOW CLAY</u>	<u>2</u>	<u>12</u>	
<u>BLUE ROCK</u>	<u>12</u>	<u>71</u>	
<u>BROWN SHALE</u>	<u>71</u>	<u>80</u>	
<u>BLUE ROCK</u>	<u>80</u>	<u>135</u>	<u>6</u>
<u>BROWN SHALE</u>	<u>135</u>	<u>145</u>	
<u>BLUE ROCK</u>	<u>145</u>	<u>200</u>	<u>6</u>

Date started 9/22 Completed 9/23/88

(unbonded) Water Well Constructor Certification:

I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.

WWC Number _____
Signed _____ Date _____

(bonded) Water Well Constructor Certification:

I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.

WWC Number 562
Signed Frank Wilson Date 9/23/88