

# LANE 74334

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

WELL I.D. LABEL# 111662  
 START CARD # 1026261  
 ORIGINAL LOG # \_\_\_\_\_

LANE 74334

(1) **LAND OWNER** Owner Well I.D. CHASE WELL #5  
 First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Company RAINBOW WATER DIST.  
 Address P.O. BOX 8  
 City SPRINGFIELD State ORE. Zip 97477

(2) **TYPE OF WORK**  New Well  Deepening  Conversion  
 Alteration (complete 2a & 10)  Abandonment (complete 5a)

(2a) **PRE-ALTERATION**  
 Casing: Dia + From To Gauge Stl Plstc Wld Thrd  
 Material From To Amt sacks/lbs  
 Seal: \_\_\_\_\_

(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 200'-8" ft.  
**BORE HOLE**  

| Dia | From | To  | Material     | From | To   | Amt | sacks/lbs  |
|-----|------|-----|--------------|------|------|-----|------------|
| 20" | 0    | 22  | NEAT LENGTHS | 0    | 140' | 135 | 100        |
| 16" | 0    | 286 |              |      |      | 80  | Calculated |
|     |      |     |              |      |      |     | Calculated |

How was seal placed: Method  A  B  C  D  E  
 Other TRIMMIE PIPE BOTTOM UP  
 Backfill placed from 208 ft. to 286 ft. Material PEA GRLV.  
 Filter pack from 140 ft. to 200'-4" ft. Material PEA GRLV. Size \_\_\_\_\_  
 Explosives used:  Yes Type \_\_\_\_\_ Amount \_\_\_\_\_

(5a) **ABANDONMENT USING UNHYDRATED BENTONITE**  
 Proposed Amount \_\_\_\_\_ Pounds Actual Amount \_\_\_\_\_ Pounds

(6) **CASING/LINER**  

| Casing                              | Liner                               | Dia | + | From | To | Gauge | Stl   | Plstc                               | Wld                                 | Thrd                                |
|-------------------------------------|-------------------------------------|-----|---|------|----|-------|-------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 12" |   | 1    | 5  | 145'  | .375" | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

  
 Shoe  Inside  Outside  Other Location of shoe(s) 286'  
 Temp casing  Yes Dia 16" From 0 To 286'

(7) **PERFORATIONS/SCREENS**  
 Perforations Method \_\_\_\_\_  
 Screens Type JOHN DEERE Material 304 STAINLESS  

| Perf/S                              | Casing/Screen | Screen/slot | Slot  | # of  | Tele/ |        |       |           |
|-------------------------------------|---------------|-------------|-------|-------|-------|--------|-------|-----------|
| green                               | Liner         | Dia         | From  | To    | width | length | slots | pipe size |
| <input checked="" type="checkbox"/> |               | 10          | 147.7 | 198.2 | 100   |        |       | PIPE      |

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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
| 300           | 99.22    |                       | 42.5          |

  
 Temperature \_\_\_\_\_ °F Lab analysis  Yes By \_\_\_\_\_  
 Water quality concerns?  Yes (describe below) TDS amount \_\_\_\_\_  

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |

(9) **LOCATION OF WELL (legal description)**  
 County Lane Twp 17 S N/S Range 3 W E/W WM  
 Sec 23 NE 1/4 of the SE 1/4 Tax Lot 02102  
 Tax Map Number 17032343 Lot \_\_\_\_\_  
 Lat \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Long \_\_\_\_\_ " or \_\_\_\_\_ DMS or DD  
 Street address of well  Nearest address  
Along the McKenzie River in North Springfield

(10) **STATIC WATER LEVEL**  

| Existing Well / Pre-Alteration | Date   | SWL (psi) | + SWL (ft) |
|--------------------------------|--------|-----------|------------|
| Completed Well                 | 9-3-15 |           | 24.2'      |

  
 Flowing Artesian?  Dry Hole?   
 WATER BEARING ZONES Depth water was first found 35'  

| SWL Date | From | To   | Est Flow | SWL (psi) | + SWL (ft) |
|----------|------|------|----------|-----------|------------|
|          | 35'  | 206' |          |           |            |

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

| Material                              | From | To  |
|---------------------------------------|------|-----|
| BROWN SILTY SANDY TOP SOIL            | 0    | 5   |
| BROWN SILTY GRVLS. + SAND             | 5    | 35  |
| REDDISH BROWN SAND + GRVLS            | 35   | 61  |
| WATER BEARING                         |      |     |
| BROWN SILT WITH GRVLS.                | 61   | 65  |
| BROWN SILT BLENDED GRVLS.             |      |     |
| COBBLES + SAND SOME CEMENTATION       | 65   | 206 |
| WATER BEARING                         |      |     |
| BROWN CLAY WITH GRVLS.                | 206  | 272 |
| BROWN HARD TIGHT GRVLS ROCK WITH SILT | 272  | 286 |
| BASALT                                | 286  | 290 |

  
 Date Started 5-5-15 Completed 7-22-15

(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 MAY 27 2016  
 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 1953 Date 1-5-16  
 Signed \_\_\_\_\_  
 Contact Info (optional) \_\_\_\_\_

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WATER SUPPLY WELL REPORT - continuation page

WELL I.D. LABEL#

START CARD #

ORIGINAL LOG #

|  |
|--|
|  |
|  |
|  |

(2a) PRE-ALTERATION

| Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|-----|---|------|----|-------|-----|-------|-----|------|
|     |   |      |    |       |     |       |     |      |

| Material | From | To | Amt | sacks/lbs |
|----------|------|----|-----|-----------|
|          |      |    |     |           |
|          |      |    |     |           |

Water Quality Concerns

| From | To | Description | Amount | Units |
|------|----|-------------|--------|-------|
|      |    |             |        |       |
|      |    |             |        |       |
|      |    |             |        |       |

(5) BORE HOLE CONSTRUCTION

BORE HOLE

Dia From To Material SEAL From To Amt sacks/lbs

| Dia | From | To | Material | SEAL | From | To | Amt        | sacks/lbs |
|-----|------|----|----------|------|------|----|------------|-----------|
|     |      |    |          |      |      |    |            |           |
|     |      |    |          |      |      |    | Calculated |           |
|     |      |    |          |      |      |    | Calculated |           |
|     |      |    |          |      |      |    | Calculated |           |
|     |      |    |          |      |      |    | Calculated |           |

FILTER PACK

| From | To | Material | Size |
|------|----|----------|------|
|      |    |          |      |
|      |    |          |      |

(6) CASING/LINER

Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd

| Casing | Liner | Dia | + | From | To | Gauge | Stl | Plstc | Wld | Thrd |
|--------|-------|-----|---|------|----|-------|-----|-------|-----|------|
|        |       |     |   |      |    |       |     |       |     |      |
|        |       |     |   |      |    |       |     |       |     |      |
|        |       |     |   |      |    |       |     |       |     |      |
|        |       |     |   |      |    |       |     |       |     |      |
|        |       |     |   |      |    |       |     |       |     |      |
|        |       |     |   |      |    |       |     |       |     |      |

(7) PERFORATIONS/SCREENS

Perf/S Casing/ Screen Scrn/slot Slot # of Tele/ green Liner Dia From To width length slots pipe size

| Perf/S green | Casing/ Liner | Screen Dia | From | To | Scrn/slot width | Slot length | # of slots | Tele/ pipe size |
|--------------|---------------|------------|------|----|-----------------|-------------|------------|-----------------|
|              |               |            |      |    |                 |             |            |                 |
|              |               |            |      |    |                 |             |            |                 |
|              |               |            |      |    |                 |             |            |                 |
|              |               |            |      |    |                 |             |            |                 |
|              |               |            |      |    |                 |             |            |                 |
|              |               |            |      |    |                 |             |            |                 |

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

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

| Yield gal/min | Drawdown | Drill stem/Pump depth | Duration (hr) |
|---------------|----------|-----------------------|---------------|
|               |          |                       |               |
|               |          |                       |               |
|               |          |                       |               |
|               |          |                       |               |

(10) STATIC WATER LEVEL

SWL Date From To Est Flow SWL(psi) + SWL(ft)

| SWL Date | From | To | Est Flow | SWL(psi) | + SWL(ft) |
|----------|------|----|----------|----------|-----------|
|          |      |    |          |          |           |
|          |      |    |          |          |           |
|          |      |    |          |          |           |
|          |      |    |          |          |           |
|          |      |    |          |          |           |
|          |      |    |          |          |           |

(11) WELL LOG

Material From To

| Material | From | To |
|----------|------|----|
|          |      |    |
|          |      |    |
|          |      |    |
|          |      |    |
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Comments/Remarks

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