

(1) LAND OWNER
Owner Well I.D. 1
First Name PAM Last Name STOLGIN
Company OAKES MOBILE HOME PARK
Address 34956 SEAVEY LOOP RD.
City EUGENE State OR Zip 97405

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

(2a) PRE-ALTERATION
Dia + From To Gauge Stl Plstc Wld Thrld
Casing:
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 _____ ft.
BORE HOLE
Dia From To Material SEAL Amt sacks/lbs
Calculated
Calculated

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 _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE
Proposed Amount _____ Actual Amount _____

(6) CASING/LINER
Casing Liner Dia + From To Gauge Stl Plstc Wld Thrld
Shoe Inside Outside Other Location of shoe(s) _____
Temp casing Yes Dia _____ From + _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method _____
Screens Type _____ Material _____
Perf/ Casing/ Screen Scrm/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
22 394 420 24
Temperature 54 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS amount 461 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LANE Twp 18.00 S N/S Range 3.00 W E/W WM
Sec 14 SE 1/4 of the SE 1/4 Tax Lot 1702
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD
 Street address of well Nearest address
34956 SEAVEY LOOP RD.EUGENE, OR. 97405

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration
Completed Well
Flowing Artesian? Dry Hole?
WATER BEARING ZONES Depth water was first found
SWL Date From To Est Flow SWL(psi) + SWL(ft)

(11) WELL LOG
Ground Elevation _____
Material From To
Date Started 9/16/2017 Completed 3/22/2018

(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 1723 Date 3/22/2018
Signed WILLIAM FIELDER (E-filed)
Contact Info (optional) _____

