

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

LANE 75796

3/22/2018

WELL I.D. LABEL# L 119718
START CARD # 1036297
ORIGINAL LOG # LANE 74475

(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 [X] Deepening [] Conversion
[] Alteration (complete 2a & 10) [] Abandonment (complete 5a)

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

(3) DRILL METHOD
[X] Rotary Air [] Rotary Mud [] Cable [] Auger [] Cable Mud
[] Reverse Rotary [] Other

(4) PROPOSED USE [X] 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

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 [X] 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 [X] 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? []

Table with columns: SWL Date, From, To, Est Flow, SWL(psi), + SWL(ft)

Table for WELL LOG with columns: Material, From, To, Ground Elevation

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) _____

