

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

LANE 76195

WELL I.D. LABEL# L 131366
START CARD # 1040691
ORIGINAL LOG #

10/14/2018

(1) LAND OWNER
Owner Well I.D. 1
First Name DONALD Last Name FULTS
Company LORI
Address 174 DANIEL DR.
City EUGENE State OR Zip 97404

(2) TYPE OF WORK
[X] 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
[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 39.00 ft.
BORE HOLE
Dia From To Material From To Amt sacks/lbs
10 0 18 Bentonite Chips 0 19 9 S
6 18 39 Calculated 8.17
Calculated

How was seal placed: Method [] A [] B [] C [] D [] E
[X] Other POURED DRY
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
[] [] [] [] [] [] [] [] [] [] [] []
6 [] [] [] [] [] [] [] [] [] [] [] []
Shoe [X] Inside [] Outside [] Other Location of shoe(s) 39
Temp casing [] Yes Dia From + [] To

(7) PERFORATIONS/SCREENS
Perforations Method torch cut
Screens Type ___ Material ___
Perf/ Casing/ Screen Dia From To Scrn/slot Slot # of Tele/
Screen Liner Dia From To width length slots pipe size
Perf Casing 6 32 37 .25 6 9 6

(8) WELL TESTS: Minimum testing time is 1 hour
[] Pump [] Bailer [X] Air [] Flowing Artesian
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)
30 [] [] 38 1
Temperature 55 °F Lab analysis [] Yes By ___
Water quality concerns? [] Yes (describe below) TDS amount 78 ppm
From To Description Amount Units

(9) LOCATION OF WELL (legal description)
County LANE Twp 16.00 S N/S Range 4.00 W E/W WM
Sec 28 1/4 of the 1/4 Tax Lot 200
Tax Map Number Lot
Lat ° ' " or 44.15288900 DMS or DD
Long ° ' " or -123.18146700 DMS or DD
[] Street address of well [] Nearest address
91722 PRARIE RD JUNCTION CITY OR. 97448

(10) STATIC WATER LEVEL
Date SWL(psi) + SWL(ft)
Existing Well / Pre-Alteration [] []
Completed Well 9/26/2018 [] 9
Flowing Artesian? [] Dry Hole? []

WATER BEARING ZONES
Depth water was first found 28.00
SWL Date From To Est Flow SWL(psi) + SWL(ft)
9/26/2018 28 39 30 [] 9

(11) WELL LOG
Ground Elevation ___
Material From To
sandy topsoil 0 6
clay sandy brown 6 15
clay w/gravel 15 20
gravel w/sand 20 39

Date Started 9/26/2018 Completed 9/26/2018

(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 10/14/2018
Signed WILLIAM FIELDER (E-filed)
Contact Info (optional) ___