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

LANE 76659

6/8/2019

WELL I.D. LABEL# L 132877
START CARD # 1042040
ORIGINAL LOG #

(1) LAND OWNER

Owner Well I.D.
First Name RAYMOND Last Name BROWN
Company
Address 91404 KIRK RD
City JUNCTION CITY State OR Zip 97448

(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	Thrd
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/ Commericial [ ] Livestock [ ] Dewatering
[ ] Thermal [ ] Injection [ ] Other

(5) BORE HOLE CONSTRUCTION

Special Standard [ ] (Attach copy)
Depth of Completed Well 307.00 ft.

BORE HOLE Dia	From	To	SEAL Material	From	To	Amt	sacks/lbs
10	0	26	Bentonite Chips	0	26	17	S
6	26	307			Calculated	11.87	
					Calculated		

How was seal placed: Method [ ] A [ ] B [ ] C [ ] D [ ] E
[X] Other POURED AND SCREENE
Backfill placed from 0 ft. to 26 ft. Material BENTONITE CHIPS
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	Thrd
[•]	[ ]	6	[X]	2	26	.25	[•]	[ ]	[X]	[ ]
[ ]	[•]	4	[ ]	7	307	cl 160	[ ]	[•]	[X]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]
[ ]	[ ]		[ ]				[ ]	[ ]	[ ]	[ ]

Shoe [ ] Inside [ ] Outside [ ] Other Location of shoe(s) ____
Temp casing [ ] Yes Dia ____ From + [ ] ____ To ____

(7) PERFORATIONS/SCREENS

Perforations Method Skill Saw
Screens Type ____ Material ____

Perf/ Screen	Casing/ Screen Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Liner	4	67	107	.125	12	24	
Perf	Liner	4	187	207	.125	12	24	
Perf	Liner	4	227	247	.125	12	24	
Perf	Liner	4	267	307	.125	12	52	

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

[ ] Pump [ ] Bailer [•] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1.5		306	1

Temperature 56 °F Lab analysis [ ] Yes By ____
Water quality concerns? [ ] Yes (describe below) TDS amount 146 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LANE Twp 16.00 S N/S Range 5.00 W E/W WM
Sec 32 NE 1/4 of the NE 1/4 Tax Lot 100
Tax Map Number ____ Lot ____
Lat ° ' " or ____ DMS or DD
Long ° ' " or ____ DMS or DD
[•] Street address of well [ ] Nearest address
91404 KIRK RD JUNCTION CITY, OR 97448

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+	SWL(ft)
Existing Well / Pre-Alteration			[ ]	
Completed Well	2/20/2019		[ ]	42

Flowing Artesian? [ ] Dry Hole? [ ]

WATER BEARING ZONES Depth water was first found 78.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
2/20/2019	78	82	1.5		[ ]	42
					[ ]	
					[ ]	
					[ ]	
					[ ]	

(11) WELL LOG

Ground Elevation ____

Material	From	To
Yellow Clay	0	4
Grey Sandy Clay	4	19
Blue Claystone	19	98
Grey Claystone	98	105
grey sandstone	105	307

Date Started 2/19/2019 Completed 2/20/2019

(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 1960 Date 6/8/2019

Signed JACOB HOWELL (E-filed)

Contact Info (optional) Jacob Howell