

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.765)

LANE
7685

NOV 20 1989

165/3W/35 aa
 17001

WATER RESOURCES DEPT. (START CARD) #
 SALEM, OREGON

(1) OWNER: Well Number: 1
 Name CHARLES RANG
 Address 33445 VAN DUYN RD.
 City EUGENE State OR Zip 97401

(2) TYPE OF WORK:
 New Well Deepen Recondition Abandon

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION:
 Special Construction approval Yes No Depth of Completed Well 200 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
<u>12</u>	<u>0</u>	<u>21</u>	<u>CEMENT</u>	<u>0</u>	<u>21</u>	<u>7555</u>
<u>6</u>	<u>21</u>	<u>200</u>				

How was seal placed: Method A B C D E
 Other _____
 Backfill placed from _____ ft. to _____ ft. Material _____
 Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>8"</u>	<u>1</u>	<u>21</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>4 1/2"</u>	<u>10</u>	<u>200</u>	<u>50226</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:
 Perforations Method SAW
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>10</u>	<u>200</u>	<u>1/8</u>	<u>150</u>		<u>4 1/2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailor Air Flowing Artesian
 Yield gal/min 30 Drawdown _____ Drill stem at 200 Time 1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County LANE Latitude _____ Longitude _____
 Township 16S N or S, Range 3W. E or W, WM.
 Section 35 NE 1/4 NE 1/4
 Tax Lot 109200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 34145 VAN DUYN
EUG. OR, 97401

(10) STATIC WATER LEVEL:
20 ft. below land surface. Date 10/14/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 55

From	To	Estimated Flow Rate	SWL
<u>54</u>	<u>55</u>	<u>5</u>	<u>20</u>
<u>93</u>	<u>94</u>	<u>10</u>	<u>20</u>
<u>137</u>	<u>138</u>	<u>15</u>	<u>20</u>

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Soil</u>	<u>0</u>	<u>3</u>	
<u>YELLOW CLAY</u>	<u>3</u>	<u>15</u>	
<u>BLUE ROCK</u>	<u>15</u>	<u>200</u>	<u>20</u>

Date started 10/13 Completed 10/14/89

(unbonded) Water Well Constructor Certification:
 I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to my best knowledge and belief.
 Signed _____ Date _____ WWC Number _____

(bonded) Water Well Constructor Certification:
 I accept responsibility for the construction, 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 well construction standards. This report is true to the best of my knowledge and belief.
 Signed Frank Wilson Date 10/17/89 WWC Number 562