

NOV 20 1989

LANE
7686

16s/3w/35aa

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

WATER RESOURCES DEPT.
SALEM, OREGON

(START CARD) # 17001

(1) OWNER: Well Number: 2
Name CHARLES BANG
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 180 ft.
Explosives used Yes No Type Amount

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
12	0	40	CEMENT	0	40	16 SKS
8	40	180				

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
8	41	40	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	0	180		<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
40	180	1/8	400		6	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min Drawdown Drill stem at Time
150 180 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 100+200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 34145 VAN DUYN
EUG. OR. 97401

(10) STATIC WATER LEVEL:
24 ft. below land surface. Date 10/17/89
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 64

From	To	Estimated Flow Rate	SWL
64	65	30	24
103	104	70	24
146	146	50	24

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
SOIL	0	3	
YELLOW CLAY	3	22	
CLAY GRAVEL & BOLDERS	22	32	
BLUE ROCK	32	180	24

Date started 10/14 Completed 10/16/89

(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 _____ WWC Number _____
Date _____

(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 WWC Number 562
Date 10/17/89