

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

LANE
8066

JUL 14 1989

16S/4W/22
7966

WATER RESOURCES (START CARD) #

(1) OWNER:
 Name Geneva Harwood Well Number: 433
 Address 91984 River Rd
 City Junction City State OR Zip 97448

(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 39 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	18	Cement	0	19	11 Sacks
12"	18	39				

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:

Casing/Liner	Diameter	From	To	Gauge	Steel		Plastic		Welded	Threaded
					Steel	Plastic	Steel	Plastic		
Casing:	12"	±1	39	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 39 ft.

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

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
19	38	2x5	250			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
350+ _____ 39 ft 3 hrs

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 4W E or W, WM.
 Section 22 ¼ _____ ¼ _____
 Tax Lot 02401 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 92112 River Rd
Junction City OR

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 6/23/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 19 ft.

From	To	Estimated Flow Rate	SWL
19	38	350+	12

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Brown Clay	0	11	
Cemented Gravel	11	19	12
Sand & Gravel	19	36	12
Cemented Gravel	36	39	12

Date started 6/21/89 Completed 6/23/89

(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 Donald J. Foreing WWC Number 751
 Date 7/10/89



Oregon Water Resources Department
 725 Summer Street NE, Suite A
 Salem Oregon 97301
 (503) 986-0900
 www.oregon.gov/owrd

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

RECEIVED

JUL 5 2024

I. OWNER INFORMATION

OWRD

Current Owner Name (please print): Janet Dickinson Russell Living Trust
 Mailing Address: 90029 Spires Ln
 City, State, Zip: Eugene, OR 97402
 Mail Well ID to: SAME AS ABOVE In Care Of (C/O)
 Name & Address: Jeff Broadie 92112 River Rd
 City, State, Zip: Junction City OR 97448

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 16S (North / South) Range: 4W (East / West) Section: 22 NW 1/4 of the SW 1/4
 Tax Lot (usually last 3-5 numbers of Tax Map #): 2401 County LANE
 GPS Coordinates: 44.161792, -123.163760
 Street Address of Well, City: 92112 River Rd, Jct City
 If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Irrigation
 Date Well Constructed (or property built): 1989 Total Well Depth: 39 ft. Casing Diameter: 12"
 Owner at time the well was constructed (if known): Harwood Well Report # (if known): LANE 8066
 Other Information: Permit # G-16892

SUBMITTED BY (please print): Bryce Withers, Water Right Services, LLC
 PHONE: 541-408-1400 EMAIL &/or FAX: brycewrs@gmail.com

To send the completed application, you may MAIL it to: Oregon Water Resources Dept. 725 Summer St NE, Suite A, Salem, Oregon 97301.
 Or EMAIL the completed PDF form to: Ladeena.K.Ashley@water.oregon.gov, or FAX it to: (503) 986-0902.

<i>For Official Use Only by the Oregon Water Resources Department:</i>		
Received Date: <u>7-5-2024</u>	Well Report Number: <u>LANE 8066</u>	Well Identification #: <u>L-155557</u>