

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

LANE
 8089

RECEIVED

FEB 28 1989

(START CARD) #

7959

(1) OWNER:
 Name Clifford Jensen
 Address 30776 Lone Pine Dr.
 City Junction City State OR Zip 97448

Well Number: 390

(9) LOCATION OF WELL by legal description:

County Lane Latitude _____ Longitude _____
 Township 165 N or S, Range 04W E or W, WM.
 Section 22 1/4 _____ 1/4 _____
 Tax Lot _____ Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 1/4 mi East of River Rd by 1/4 South of Lone Pine

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

HOLE		SEAL		Amount	
Diameter	From To	Material	From To	sacks or pounds	
10"	0 18	Cement	0 18	6 Sacks	
6"	18 30				

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
6"	71	30	250	<input checked="" 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"/>

Final location of shoe(s) 30 ft.

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
21	28	3x5	30			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
 Yield gal/min 300+ Drawdown _____ Drill stem at 30 Time 1 hr.

Temperature of water _____ Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom None
 Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other None
 Depth of strata: _____

(10) STATIC WATER LEVEL:
 _____ ft. below land surface. Date 2/13/89
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 21 ft

From	To	Estimated Flow Rate	SWL
21	30	300+	10

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	6	
Brown Cemented Gravel	6	19	
Sand & Gravel	19	30	10

Date started 2/10/89 Completed 2/13/89

(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 Kurt P Muntra WWC Number 1411
 Date 2/20/89

(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. Forey WWC Number 751
 Date 2/20/89