

NOTICE TO WATER WELL CONTRACTOR

The original and first copy of this report are to be filed with

STATE ENGINEER, SALEM, OREGON 97310
 within 30 days from the date of well completion

LANE 8367 WATER WELL REPORT

STATE OF OREGON

(Please type or print name) (Do not write above this line)

LANE 8367 16/4w-36
 State Well No. _____

State Permit No. _____

RECEIVED
 RECEIVED
 STATE ENGINEER SALEM OREGON
 STATE ENGINEER SALEM OREGON

(1) OWNER:

Name City of Junction
 Address Junction City, Oregon

(2) TYPE OF WORK (check):

New Well Deepening Reconditioning Abandon

If abandonment, describe material and procedure in Item 12.

(3) TYPE OF WELL:

Rotary Driven
 Cable Jetted
 Dug Bored

(4) PROPOSED USE (check):

Domestic Industrial Municipal
 Irrigation Test Well Other

(5) CASING INSTALLED:

Threaded Welded
12" Diam. from GL ft. to 88 ft. Gage 330
 " Diam. from _____ ft. to _____ ft. Gage _____
 " Diam. from _____ ft. to _____ ft. Gage _____

(6) PERFORATIONS:

Perforated? Yes No.

Type of perforator used _____

Size of perforations in. by in.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.
 _____ perforations from _____ ft. to _____ ft.

(7) SCREENS:

Well screen installed? Yes No

Manufacturer's Name Johnson
 Type Stainless Steel Model No. _____
 Diam. 1 1/2 Slot size 35 Set from 85 ft. to 90 ft.
 Diam. 1 1/2 Slot size 45 Set from 90 ft. to 96 ft.
1 1/2 20 96 111

(8) WATER LEVEL: Completed wells 30-111-125

Static level 17 14 ft. below land surface Date _____
 Artesian pressure lbs. per square inch Date 8/23/68

(9) WELL TESTS:

Drawdown is amount water level is lowered below static level

Was a pump test made? Yes No If yes, by whom? WW Drilling

750 gal./min. with 14 ft. drawdown after 1 hrs.
940 " " 30 " " 2 "
 " 940 " " 38 " " 8 "

Bailer test gal./min. with ft. drawdown after hrs.

Artesian flow g.p.m. Date

Temperature of water Was a chemical analysis made? Yes No

(10) CONSTRUCTION:

Well seal—Material used Cement

Depth of seal 30 ft.

Diameter of well bore to bottom of seal 16 in.

Were any loose strata cemented off? Yes No Depth _____

Was a drive shoe used? Yes No

Did any strata contain unusable water? Yes No

Type of water? _____ depth of strata _____

Method of sealing strata off _____

Was well gravel packed? Yes No Size of gravel: _____

Gravel placed from _____ ft. to _____ ft.

(11) LOCATION OF WELL:

County Lane Driller's well number _____
 1/4 Section 36 T. 16S R. 4W W.M.

Bearing and distance from section or subdivision corner

(12) WELL LOG:

Diameter of well below casing .12

Depth drilled 135 ft. Depth of completed well 135 ft.

Formation: Describe color, texture, grain size and structure of materials; and show thickness and nature of each stratum and aquifer penetrated, with at least one entry for each change of formation. Report each change in position of Static Water Level as drilling proceeds. Note drilling rates.

MATERIAL	From	To	SWL
Brown clay	0	11	
Loose sand & clay	11	14	
Sand & small gravel	14	21	
Tight sand & gravel	21	24	
Sand & small gravel	24	30	
Cemented sand & gravel	30	36	
Light brown sandy clay some gravel	36	42	
Brown sandy clay	42	53	
Brown sand	53	55	
Brown sandy clay	55	60	
Blue clay	60	70	
Blue sand	70	78	
Blue sand & wood	78	94	
Blue sand & pea gravel	94	98	
Blue sand some gravel & clay	98	108	
Blue sand	108	114	
Small gravel, blue sand & wood	114	125	
Blue sandy clay	125	135	

Work started 8/5/68 19 Completed 8/23/68 19

Date well drilling machine moved off of well 8/23/68 19

Drilling Machine Operator's Certification:

This well was constructed under my direct supervision. Materials used and information reported above are true to my best knowledge and belief.

[Signed] W.D. Johns Date 8/23, 1968
 (Drilling Machine Operator)

Drilling Machine Operator's License No. 24

Water Well Contractor's Certification:

This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

NAME W. W. Drilling & Pump Service
 (Person, firm or corporation) (Type or print)

Address 2320 Main, Springfield, Oregon

[Signed] Walt Wilson
 (Water Well Contractor)

Contractor's License No. 268 Date 9/4/68, 19

OREGON HEALTH DIVISION ONLY:

RECEIVED

Received Date:

JUL 20 1999

County Well Log ID #

LANE 8367

WATER RESOURCES DEPT
SALEM, OREGON

WELL IDENTIFICATION LABEL ATTACHMENT FORM
(OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER:

OWNER (S) WELL NO: 0 OH + Front

Name: Junction City Water Utilities

Mailing Address: P.O. Box 250

City: Junction City State: OR Zip: 97448 Phone: (541) 998-3125

CONTACT PERSON:

NAME: David Renshaw PHONE # 541-998-3125

THIS FORM IS ONLY TO BE USED FOR WELLS WITH
POSITIVELY IDENTIFIED
WATER SUPPLY WELL REPORTS.

O.H.D. OFFICIAL USE ONLY

TOWNSHIP: 15 N (S) RANGE: 4 E (W) SECTION: 32 TAX LOT:

Well Identification Label: L-30707

LABEL ATTACHED BY: Dennis Nelson DATE: 7/19/99
(O.H.D. OFFICIAL)

(WATER SUPPLY WELL REPORT MUST BE ATTACHED!)

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310