

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

LINN
1867

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MAR - 4 1993

11/8/5w/3666

(START CARD) # 48052

(1) OWNER: Well Number _____
 Name Trysting Tree Golf Club
 Address P.O. Box 989
 City Eugene State OR Zip 97440

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
16"	0	18'	cement	0	18'	9 sacks
12"	18'	45'				

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: 12"	+12"	38'	.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) 38'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
27'	38'	1/2"	100	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12'				<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
120 gpm	1'		1 hr.

Temperature of Water 53 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 Linn Latitude _____ Longitude _____
 Township 11 S N or S. Range 5 W E or W. WM. _____
 Section 36 NW 4 NW 4
 Tax Lot 600 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 34028 Electric Rd. - Corvallis

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 2-24-93
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 21'

From	To	Estimated Flow Rate	SWL
21'	37'	120 gpm	15'

(12) WELL LOG:
 Ground elevation _____

Material	From	To	SWL
Top soil	0	3	
Brown sandy clay	3	21	
Brown sand & gravel	21	37	
Light blue clay	37	45	

Date started 2-18-93 Completed 2-24-93

(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 [Signature] WWC Number 1378
 Date 2-25-93