

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

GINN
2137

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MAR 28 1994

10s/5E/14bc

(START CARD) # 61661

Instructions for completing this report are on the last page of this form. WATER RESOURCES DEPT

(1) OWNER: Well Number **DR-840**
Name **WILLAMETTE NATIONAL FOREST**
Address **211 EAST 7th Ave**
City **EUGENE** State **ORE** Zip **97440**

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other **CAMPGROUND**

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **82** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	36	CEMENT	-6	36	35 SACKS
			BENTONITE	0	6	3 SACKS*
6"	36	82				

How was seal placed: Method A B C D E
 Other **Poured Dry**
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: 6"	+1	82	.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) **82'**

(7) PERFORATIONS/SCREENS:

Perforations Method **MILLS - KNIFE**
 Screens Type **SLOT** Material **STEEL**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
54	75	3/16x4	84	6"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

(9) LOCATION OF WELL by legal description:
County **LINN** Latitude _____ Longitude _____
Township **10** N or S Range **5** E or W
Section **14** SW 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **COVE CREEK CAMPGROUND - Detroit Paragon Dist.**

(10) STATIC WATER LEVEL:
33' ft. below land surface. Date **2-16-94**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **69'**

From	To	Estimated Flow Rate	SWL
69	74	10 gpm	33'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	3	
CLAY - BROWN w/SOME ROCK	3	54	
CLAY - BROWN w/GRACEL SEAMS	54	76	33'
SANDSTONE - BLUE	76	80	
BASALT - BLACK - HARD	80	82	

Date started **2-2-94** Completed **2-18-94**

(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 water supply well construction standards. Materials used and information reported above are true to the best of my 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 water supply well construction standards. This report is true to the best of my knowledge and belief.
Signed **Chas D. Light** WWC Number **664** Date **2-20-94**