

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

RECEIVED

AUG 24 1994

15S/3W/28
58235

Linn
23660

(START CARD) # 58235

WATER RESOURCES DEPT.

(1) OWNER: Well Number #2
Name Oregon Dept Transportation - Hwy Dept
Address 3620 Gateway
City Springfield State OR Zip

(9) LOCATION OF WELL by legal description:
County LINN Latitude Longitude
Township 15S N or S. Range 3W E or W. WM.
Section 28 NE 1/4 SW 1/4
Tax Lot Lot Block Subdivision
Street Address of Well (or nearest address) South Bound
OAK GROVE REST AREA T-5 MP 206

(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 65 ft.
Explosives used Yes No Type Amount

(10) STATIC WATER LEVEL:
11 ft. below land surface. Date 6/9/94
Artesian pressure lb. per square inch. Date

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

HOLE Diameter	From To		SEAL Material	From To		Amount sacks or pounds
	From	To		From	To	
10"	0	30'	Bentonite	0	30'	28 sacks
6"	30	65'	(Hole Plug)			

From	To	Estimated Flow Rate	SWL
31	34	35 GPM	11
44	47	25 GPM	11

How was seal placed: Method A B C D E
 Other Paused slowly & tamped
Backfill placed from ft. to ft. Material
Gravel placed from ft. to ft. Size of gravel

(12) WELL LOG: Ground elevation

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	42	30'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	35	42	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5"	47	65'	.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"/>

Material	From	To	SWL
TOPSOIL	0	2	
SOIL	2	4	
SILT & GRAVEL	A	B	
GRAVEL	B	23	
GRAVEL W/CLAY	23	26	
GRAVEL	26	28	
2" BROWN CLAY W/ GRAVEL	28	31	
GRAVEL	31	34	
GRAVEL/SILT/CLAY	34	44	
SMALL GRAVEL W/ SAND	44	47	
GRAVEL GEMENTED	47	63	
BLUE CLAY	63	65	

Well #1 to be abandoned after pump is moved to Well #2

(7) PERFORATIONS/SCREENS:
 Perforations Method
 Screens Type V-WIRE Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
31	36	.030		6"	TELE	<input type="checkbox"/>	<input type="checkbox"/>
42	47	.025		6"	TELE	<input type="checkbox"/>	<input type="checkbox"/>

Date started 6/2/94 Completed 6/9/94

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer AIRLIFT Flowing Artesian
Yield gal/min 60 Drawdown 33' Drill stem at Time 1 hr.

(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.

Temperature of Water 51°F 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:

Signed _____ Date _____
WWC Number _____

(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 636
Date 6/28/94