

linn
50995

L14374

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

WELL I.D.#

(START CARD) # 096101

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

(1) OWNER: Well Number DR-2148
Name U.S. Forest Service
Address P.O. Box 10607
City Eugene State OR Zip 97448

(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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 284 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
		<u>UNDISTURBED</u>			
<u>6"</u>	<u>150 284</u>				

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:	<u>UNDISTURBED</u>					
Liner:	<u>4 1/2"</u>	<u>-4</u>	<u>284</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type SLOT Material PUC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>204</u>	<u>275</u>	<u>1/8"</u>	<u>200</u>	<u>4 1/2"</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
<u>30</u>		<u>280'</u>	<u>1 hr.</u>

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 13 N or S Range 7 E or W. WM.
Section 30 SE 1/4 SE 1/4
Tax Lot N/A Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Fish Lake Work Station N. Santiam Pass

(10) STATIC WATER LEVEL:
6' ft. below land surface. Date 5-15-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 243'

From	To	Estimated Flow Rate	SWL
<u>243</u>	<u>261</u>	<u>30 gpm</u>	<u>6'</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>LAVA ROCK - GRAY</u>	<u>150</u>	<u>236</u>	
<u>LAVA ROCK - GRAY - MIXED</u>	<u>236</u>	<u>243</u>	
<u>LAVA ROCK - BLACK</u>	<u>243</u>	<u>261</u>	<u>6'</u>
<u>LAVA ROCK - LT GRAY - HARD</u>	<u>261</u>	<u>284</u>	

RECEIVED

JUN - 3 1997

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 5-14-97 Completed 5-15-97

(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 Gale Aarvath WWC Number 1281 Date 5-15-97

(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 O. Lust WWC Number 664 Date 5-16-97