

129862
1039265

(1) LAND OWNER

Owner Well I.D. _____
 First Name _____ Last Name _____
 Company EUGENE WATER AND ELECTRIC BOARD
 Address 4200 ROOSEVELT BLVD
 City EUGENE State OR Zip 97402

(2) TYPE OF WORK

New Well Deepening Conversion
 Alteration (complete 2a & 10) Abandonment (complete 5a)

(2a) PRE-ALTERATION

Casing: Dia + From To Gauge Stl Plstc Wld Thrld
 Material From To Amt sacks/lbs
 Seal: _____

(3) DRILL METHOD

Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other _____

(4) PROPOSED USE

Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other _____

(5) BORE HOLE CONSTRUCTION

Special Standard (Attach copy)
 Depth of Completed Well 77.50 ft.

BORE HOLE			SEAL			
Dia	From	To	Material	From	To	Amt sacks/lbs
10	0	55	Cement	0	42	27 S
8	55	77.5			Calculated	12.08
			Bentonite	42	45	2 S
					Calculated	1.37

How was seal placed: Method A B C D E

Other POURED AND TAMPED

Backfill placed from 55 ft. to 77.5 ft. Material PEA GRAVEL

Filter pack from 45 ft. to 77.5 ft. Material PEA GRAV Size 3/8"

Explosives used: Yes Type _____ Amount _____

(5a) ABANDONMENT USING UNHYDRATED BENTONITE

Proposed Amount _____ Actual Amount _____

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Stl	Plstc	Wld	Thrld
<input checked="" type="checkbox"/>	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>	2.5	77.5	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) 77.5

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method Holte

Screens Type _____ Material _____

Perf/ Screen	Casing/ Liner	Dia	From	To	Scrn/slot width	Slot length	# of slots	Tele/ pipe size
Perf	Casing	6	55	75	.375	1	400	

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
100		75	2

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below) TDS amount 35 ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 15.00 S N/S Range 6.00 E E/W WM
 Sec 12 NW 1/4 of the NW 1/4 Tax Lot N/A
 Tax Map Number _____ Lot _____
 Lat _____ " or _____ DMS or DD
 Long _____ " or _____ DMS or DD
 Street address of well Nearest address

TRAILBRIDGE RESERVOIR CAMPGROUND, 14 MILES NORTH OF MCKENZIE BRIDGE

(10) STATIC WATER LEVEL

Existing Well / Pre-Alteration	Date	SWL(psi)	+	SWL(ft)
Completed Well	6/22/2018			31

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

Depth water was first found 47.00

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
6/22/2018	47	75	100			31

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sandy Topsoil	0	4
Sand and Gravel w/boulders	4	35
Gravelly Cobbles	35	67
Sand and Gravel w/boulders	67	77.5

Date Started 6/20/2018 Completed 6/22/2018

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1839 Date 6/26/2018

Signed MICHAEL HOLLEY (E-filed)

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1541 Date 6/28/2018

Signed CASEY JONES JR (E-filed)

Contact Info (optional) Casey Jones Well Drilling Co., Inc.