

DEC 13 2000

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765) WATER RESOURCES DEPT.

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

WELL I.D. # L 16199
START CARD # 115044

(1) OWNER: Well Number _____
Name RALPH DePuy
Address PO Box 1231
City Eugene State OR Zip 97824

(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 160 ft.
Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
<u>10</u>	<u>0</u>	<u>19</u>	<u>Portland Cement</u>	<u>0</u>	<u>19</u>	<u>12</u>	
<u>7.25</u>	<u>19</u>	<u>160</u>					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other Force DRY
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6</u>	<u>0</u>	<u>160</u>	<u>250</u>	☒	☐	☒	☐
Liner:				☐	☐	☐	☐

Final location of shoe(s) 160

(7) PERFORATIONS/SCREENS:							
☒ Perforations		Method <u>Torch</u>		Material _____			
☐ Screens		Type _____		Material _____			
From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>160</u>	<u>100</u>	<u>1/8</u>	<u>36</u>	<u>6</u>		☒	☐

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

☐ Pump	☐ Bailer	☒ Air	☐ Flowing
Yield gal/min	Drawdown	Drill stem at	Time
<u>357</u>		<u>150</u>	<u>1 hr.</u>

Temperature of water 52 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 Union Latitude _____ Longitude _____
Township 1N N or S Range 39E E or W. WM.
Section 10 SW 1/4 SW 1/4
Tax Lot 307 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) same

(10) STATIC WATER LEVEL:
30 ft. below land surface. Date 12-4-00
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 110

From	To	Estimated Flow Rate	SWL
<u>110</u>	<u>160</u>	<u>25-1</u>	<u>30</u>

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Scrubby</u>	<u>0</u>	<u>2</u>	
<u>clay shale</u>	<u>2</u>	<u>6</u>	
<u>Broken Rock</u>	<u>6</u>	<u>10</u>	
<u>Rock Breakup</u>	<u>10</u>		
<u>Brackish</u>		<u>110</u>	<u>30</u>
<u>Blue Brackish</u>	<u>110</u>	<u>130</u>	<u>30</u>
<u>Brownish Brackish</u>	<u>130</u>	<u>160</u>	<u>30</u>

Date started 11-21-00 Completed 12-4-00

(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 Carl P. Pate WWC Number 1194 Date 12-4-00

(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 Carl P. Pate WWC Number 1194 Date 12-4-00