

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

(WELL I.D.)# L **66655**
(START CARD) # **158863**

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

Lane
62721

(1) OWNER: Well Number _____
Name **Bill Bolton**
Address **82923 Bear Creek Road**
City **Creswell** State **OR** Zip **97426**

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	18	Cement	0	18	5 sacks
6"	18	240				

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: 6"	+1	19	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	0	240		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoes:

(7) PERFORATIONS/SCREENS:
☒ Perforations Method **saw**
☐ Screens Type **liner** Material **pvc**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	100	1"	200	1/8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>
200	240	1"	400	1/8"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

☐ Pump ☐ Bailor ☒ Air ☐ Flowing
Yield gal/min _____ Drawdown _____ Drill stem at _____ Time _____
8 1/2 **191** **240** **1 hr.**

Temperature of water **64.2** 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 **Lane** Latitude _____ Longitude _____
Township **19S** N or S Range **2W** E or W WM.
Section **18** NW 1/4 **SE** 1/4
Tax Lot **700** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **SAME**

(10) STATIC WATER LEVEL:

49 ft. below land surface. Date **9-5-03**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

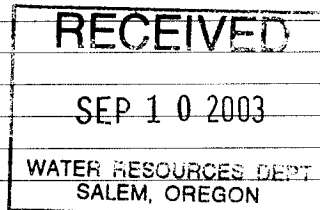
Depth at which water was first found **61**

From	To	Estimated Flow Rate	SWL
61	63	2	49
85	91	4	49
195	205	2.5	49

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	1	
Brown clay	1	5	
Brown sandstone soft	5	11	
Red and gray sandstone medium	11	50	
Gray sandstone medium	50	70	49
Red and gray sandstone medium	70	80	49
Blue sandstone hard	80	84	49
Gray and white conglomerate soft	84	140	49
Blue sandstone medium	140	190	49
Basalt	190	240	49



Date started **9-5-03** Completed **9-5-03**

(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 **1776**
Date **09/08/03**

(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 _____ WWC Number **1541**
Date **09/08/03**