

2

LANE 2033

215/2w/31ab
27791

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

(START CARD) #

(1) OWNER: Mike Proffitt
Name: Mike Proffitt
Address: 75321 Mosby Cr Rd
City: CG State: OR Zip: 97024

Well Number: _____

(9) LOCATION OF WELL by legal description:
County: LANE Latitude: _____ Longitude: _____
Township: 21 N or S Range: 2 E or W.M.
Section: 31 NW 1/4 NE 1/4
Tax Lot: 200 Lot: _____ Block: _____ Subdivision: _____
Street Address of Well (or nearest address): 75321 Mosby Cr
Cottage Grove

(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: _____

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date: 5/8/91
Artesian pressure: _____ lb. per square inch. Date: 5/8/91

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well: 70 ft.
Explosives used Yes No Type: _____ Amount: _____

(11) WATER BEARING ZONES:
Depth at which water was first found: 58'

From	To	Estimated Flow Rate	SWL
58	59	10 gpm	6'

HOLE SEAL

Diameter	From	To	Material	From	To	Amount
10in	0	20	Part I II	0	20	7 sacks
6in	20	70	Bent	20	30	1 sack

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: _____

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Soil	0	8	
Gravelly Soil	8	15	
Gravelly Clay	15	18	
Gravel	19	20	
Clay Brown	20	35	
Soft Courty Blue Clay Stone w/ some small gravel	35	50	
Fine Blue Clay Stone	50	70	52'

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(6) CASING/LINER:
Casing: Diameter 6in From 0 To 48 Gauge 150 Steel Plastic Welded Threaded
Liner: _____

Date started: 5/5/91 Completed: 5/9/91

(7) PERFORATIONS/SCREENS:
 Perforations Method: none
 Screens Type: _____ Material: _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min: 10 gal Drawdown: 54' 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.
Signed: Thomas May WWC Number: 1549 Date: 5/14/91

Temperature of water: 51 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: _____

(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: Jeffrey Halvatter WWC Number: 1553 Date: 5/16/91