

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

(START CARD) # 93484

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

(1) OWNER: Well Number L16061
Name George Schmidt
Address PO Box 926
City CHRISTMAS VALLEY State OR Zip 97641

(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 355 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
<u>18"</u>	<u>0</u>	<u>118</u>	<u>Cement</u>	<u>0</u>	<u>118</u>	<u>49 Sacks</u>
<u>8"</u>	<u>100</u>	<u>335</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>14"</u>	<u>1</u>	<u>118</u>	<u>250</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: <u>-110</u>	<u>170</u>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 1500 Drawdown _____ Drill stem at 355 Time 0 hr.

Temperature of water 55 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 26 N or S Range 18 E or W. WM.
Section 8 SW 1/4 SE 1/4 NE/SW
Tax Lot 4000 Lot 800 Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
28 ft. below land surface. Date 9-8-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 139

From	To	Estimated Flow Rate	SWL
<u>139</u>	<u>139 1/2</u>	<u>300 gal</u>	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Brown Clay Stone</u>	<u>0</u>	<u>2</u>	
<u>Black Sand Stone</u>	<u>2</u>	<u>25</u>	
<u>Brown Clay Stone</u>	<u>25</u>	<u>85</u>	
<u>Gray Clay Stone</u>	<u>85</u>	<u>120</u>	
<u>Brown Stone</u>	<u>120</u>	<u>130</u>	
<u>Black Sand</u>	<u>130</u>	<u>139</u>	
<u>Gray Clay Stone</u>	<u>139</u>	<u>145</u>	
<u>Brown Clay Stone</u>	<u>145</u>	<u>205</u>	
<u>Gray Clay</u>	<u>205</u>	<u>350</u>	
<u>Pumice sand shell</u>	<u>350</u>	<u>354</u>	

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OCT 12 1998
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-24-98 Completed 9-8-98

(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.
WWC Number _____
Signed _____ Date _____

(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.
WWC Number 1654
Signed [Signature] Date 9-21-98