

lane
56449
DEC 17 1998

STATE OF OREGON WATER RESOURCES DEPT.
WATER SUPPLY WELL REPORT SALEM, OREGON
(as required by ORS 537.765)

WELL I.D. # L 26646
START CARD # 719809

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

(1) OWNER: Well Number _____
Name M.A. Alanson
Address 40160 E First St
City Corvallis State OR Zip 97331

(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	Backfill	Weight
10	0	18	Basalt	0	18	B	

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"	+2	18	280	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<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"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing
Yield gal/min 5 Drawdown _____ Drill stem at _____ Time _____
Temperature of water 58 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 43° 35.7' N Longitude 122° 46.25' W
Township 19 N or S Range 01 E or W
Section 11 1/4 1/4
Tax Lot 160 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
70' ft. below land surface. Date 9-23-98
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>120</u>	<u>5 gpm</u>	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Brown clay w Boulders</u>	<u>0</u>	<u>10</u>	
<u>Brown red sandstone</u>	<u>10</u>	<u>25</u>	
<u>Red gray Basalt</u>	<u>25</u>	<u>53</u>	
<u>red blue Green sandstone</u>	<u>53</u>	<u>60</u>	
<u>Blue sandstone w quartz</u>	<u>60</u>	<u>160</u>	
<u>Red</u>			

Date started 9-23-98 Completed 9-23-98

(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.
Signed _____ Date _____ WWC Number _____

(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 Jeffrey Handwerker WWC Number 1553 Date 9-23-98