

STATE OF OREGON
WATER WELL REPORT
 (as required by ORS 537.785)

LINN
105

AUG 21 1990

WATER RESOURCES DEPT (START CARD) #
 SALEM, OREGON

16S/4W/2 bd
17561

(1) OWNER:

Name Frank Wright Well Number: _____
 Address 20594 Coburg Road
 City Harrisburg State Ore Zip 97446

(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 _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval Yes No Depth of Completed Well 80 ft.
 Yes No
 Explosives used Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10"	0'	20'	Cement	0	20	22 sacks
6"	20'	80'				

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"	71'	75'	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: _____				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 75'

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

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

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

Pump Bailer Air Flowing
 Artesian

Yield gal/min	Drawdown	Drill stem at	Time
20	26'	_____	1 hr.

Temperature of water 53 Depth Artesian Flow Found _____

Was a water analysis done No 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 16-S N or S, Range 4-W E or W, WM.
 Section 2 5/E 1/W 1/4
 Tax Lot 1201 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 20594 Coburg Rd
Harrisburg, Ore 97446

(10) STATIC WATER LEVEL:

12 ft. below land surface. Date 7-19-90
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 69'

From	To	Estimated Flow Rate	SWL
69	80	40 gpm +	12

(12) WELL LOG:

Ground elevation 450'-550'

Material	From	To	SWL
Claysoil - Brown - W / Medium + Course Sand	0	63	
Claysoil - Gray - W / Fine Sand	63	69	
Claysoil - Brown - W / Course + Medium Sand	69	80	12

Date started 7-9-90 Completed 7-23-90

(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 _____ WWC Number _____
 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 well construction standards. This report is true to the best of my knowledge and belief.

Signed Kirst Lee WWC Number 613
 Date 8-18-90