

LINN
14497

125/3W/7

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

AUG 3 1995

(START CARD) # 80568

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

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(1) OWNER: Well Number OR-997
Name RANDY MOSCLEY
Address 32060 BIRDFOOT DR.
City TANGENT State ORE. Zip 97389

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

Diameter	HOLE		Material	SEAL		Sacks or pounds
	From	To		From	To	
10"	0	19	BENTONITE	0	19	14 SACKS
6"	19	44				

How was seal placed: Method A B C D E
 Other Poured Dry
Backfill placed from _____ ft. to _____ ft. Material _____
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Casing/Liner	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	6"	+1	39	1250	<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"/>

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
/							

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 15 Drawdown _____ Drill stem at 35' Time 1 hr.

Temperature of water 53' 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 12 N or (S) Range 3 E or (W) WM.
Section 7 1/4 _____ 1/4 _____
Tax Lot 3801 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 7-12-95
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 38'

From	To	Estimated Flow Rate	SWL
38	44	15 gpm	12

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	5	
CLAY - YELLOW - STICKY	5	21	
SAND & GRAVEL CEMENTED	21	38	
SAND & GRAVEL	38	56	12'
CLAY - BROWN w/ GRAVEL	56	62	
HOLE CAVED BACK TO 44'			

Date started 7-11-95 Completed 7-12-95

(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 Gale Abernathy WWC Number 1281 Date 7-14-95

(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 Chad D. Jeff WWC Number 664 Date 7-14-95