

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

LINN
1747

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11/5/4w/28d
37393

WATER RESOURCES DEPT. (START CARD) #

(1) OWNER: **Cargillot mobile Home Park Karl mandy.**
Name **Cargillot mobile Home Park Karl mandy.** Well Number
Address **P.O. B. 4415**
City **Sunriver** State **ore** Zip **97707**

SALEM, OREGON
(9) LOCATION OF WELL by legal description:
County **linn** Latitude **44 38 15** Longitude **123-03-00W**
Township **11S** N or S. Range **4W** E or W. WM.
Section **28** NW ¼ **SE** ¼
Tax Lot **1001** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **34505**
Reverside Dr Albany ore 97321

(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 **72** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
10	0	28	cement	0	28	17 sacks
6	17	56	steel			
6	56	72	open hole			
0	72	81	covered in			

How was seal placed: Method A B C D E
 Other _____
Backfill placed from **0** ft. to **28** ft. Material **cement**
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6 in	17	56	.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) **56**
(7) PERFORATIONS/SCREENS:
 Perforations Method **torch**
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
47	53	5/32	430			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min **12** Drawdown **26** Drill stem at _____ Time **1 hr.**

Temperature of Water **52** 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: _____

(10) STATIC WATER LEVEL:
34 ft. below land surface. Date **10-10-92**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **40**

From	To	Estimated Flow Rate	SWL
40	56	12	34

(12) WELL LOG: Ground elevation **240**

Material	From	To	SWL
Clay Brown hard	0	20	
Clay Blue hard	20	28	
Sand Brown Black & Blue Clay	28	56	34
Clay Gray med hard	56	81	

Date started **10-8-92** Completed **10-10-92**
(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. This report is 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 **Bob Scheler** WWC Number **610**
Date **10-11-92**