

#02

Linn
187

OCT 29 1990

10S/3W/35dd

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

WATER RESOURCES DEPT. (START CARD) # 25047
SALEM, OREGON

(1) OWNER:
Name Oak Wood Water System c/o Frank Hemingway
Address 1245 Linwood Drive
City Albany, State Or Zip 97321

(9) LOCATION OF WELL by legal description:
County Linn Latitude _____ Longitude _____
Township 10 S Nor S. Range 3 W E or W, WM.
Section 35 SE $\frac{1}{4}$ SE $\frac{1}{4}$
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1245 Linwood Drive
Albany, Or

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

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	Material	From	To	
8	25	240	Cement	25	240	39 sacks
x 6	0	930	Bore			

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	240	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: none				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoets) 240'

(7) PERFORATIONS/SCREENS:
 Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
none						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 2 1/2 gpm Drawdown _____ Drill stem at 930' Time 1 hr.

Temperature of water 52 Depth Artesian Flow Found none
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:
320 ft. below land surface. Date 10-24-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 490

From	To	Estimated Flow Rate	SWL
490	491	2 1/2 gpm	

(12) WELL LOG: Ground elevation _____

Material	From	To	SWL
Topsoil	0	1	
Boulders	1	20	
Brown, Tan & Red Claystone	20	70	
Brown, Tan & Red Clay	70	140	
Brown, Tan & Red Claystone	140	230	
Blue Marine Sandstone	230	930	

Date started 10-19-90 Completed 10-24-90

(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 Claude Doby WWC Number 1279 Date 10-24-90

(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 Earl D Jones WWC Number 514 Date 10-24-90