

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

2
LINN
2228

RECEIVED

JUN 17 1994

DEC 22 1994

(START CARD) #

125/1w/31cb
63630

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

(1) OWNER:

Well Number 2690
Name City of Sodaville
Address 30723 Sodaville Rd.
City Lebanon State OR Zip 97355

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

HOLE		SEAL					
Diameter	From	To	Material	From	To	Sacks or pounds	
10	0	59	Cement	0	59	19 sacks	
6	0	545	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	1	59	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 shoe(s) NONE

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

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

Pump Bailer Air Artesian
Yield gal/min 15gpm Drawdown _____ Drill stem at 545 Time 1 hr.

Temperature of water 63° Depth Artesian Flow Found X
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 1 E or W WM.
Section 31 NW 1/4 SW 1/4
Tax Lot 1002 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Sodaville

(10) STATIC WATER LEVEL:

75 ft. below land surface. Date 6/13/94
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 270

From	To	Estimated Flow Rate	SWL
270	390	15 gpm	75

(12) WELL LOG:

Material	From	To	SWL
Topsoil	0	1	
Brown Broken Basalt	1	54	
Blue Basalt	54	150	
Broken Basalt	150	170	
Blue Basalt	170	270	
Broken Basalt	270	318	75
Red & Blue Claystone	318	350	
Basalt	350	390	
Broken Basalt	390	400	
Basalt	400	445	
Blue Sandstone Cong	445	470	
Blue Basalt	470	495	
Red Basalt	495	498	
Blue Basalt	498	525	
Red Basalt	525	527	
Blue Basalt	527	530	
Red Basalt	530	545	

Date started 6-7-94 Completed 6-13-94

(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 Bert D Jones WWC Number 514 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 water supply well construction standards. This report is true to the best of my knowledge and belief.

Signed Bert D Jones WWC Number 514 Date 6-14-94