

MAY 21 1990

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

WATER RESOURCES DEPT.

LINN 023 105/2W/30Q
-19765
(START CARD) #

(1) OWNER: Well Number: _____
Name Bose Farm Inc.
Address 35765 Cypress Rd NE
City Albany State Ore Zip 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 32 ft.
Yes No
Explosives used Type _____ Amount _____

HOLE			SEAL		Amount	
Diameter	From	To	Material	From	To	sacks or pounds
16	0	18	cement	0	18	12 sacks
12	17	31	steel			

How was seal placed: Method A B C D E
 Other _____
Backfill placed from 0 ft. to 18 ft. Material cement
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 12	17	31	.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) 31

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19	30	3/8x5	120			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 80 Drawdown 0 Drill stem at _____ Time 1 hr.

Temperature of water 52° Depth Artesian Flow Found _____
Was a water analysis done? no Yes By whom _____
Did any strata contain water not suitable for intended use? no Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(9) LOCATION OF WELL by legal description:
County Linn Latitude 40-38-10 Longitude 123 13 01 W
Township 105 N or S, Range 2W E or W, WM.
Section 30 SW 1/4 NE 1/4
Tax Lot 500 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 35765 Cypress Rd NE Albany ore.

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date 5-10-90
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 18

From	To	Estimated Flow Rate	SWL
18	32	500	10

(12) WELL LOG: Ground elevation 200

Material	From	To	SWL
top soil	0	8	
Clay Brown sandy	8	18	
med gravel brown sand	18	32	10

Date started 5-5-90 Completed 5-10-90

(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 Bob Scheler WWC Number 610 Date 5-10-90