

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

Linn
2588

RECEIVED

DEC - 9 1994

95/3E/321

(START CARD)# 65266

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

(1) OWNER: Well Number 1

Name Don Walker/Al Ward
Address PO Box 725
City Mill City State OR Zip 97360

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	18	Bentonite	0	18	17 sacks
8"	18	177				

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:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1.5	176	.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) 176 Tubex 7.50"

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforate
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
130	172	$\frac{1}{4} \times 1 \frac{1}{2}$	2000		8"	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
440	N/A	174	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water 56 Depth Artesian Flow Found None
Was a water analysis done? Yes By whom None
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 9 S N or S Range 3 E E or W. WM. _____
Section 32 SE 1/4 NW 1/4
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1154 4th Ave. SE

(10) STATIC WATER LEVEL:
51 ft. below land surface. Date 11-10-94
Artesian pressure None lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 68'

From	To	Estimated Flow Rate	SWL
68'	177'	440	51

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top Soil	0	2	
Boulders & Brown Cobbles	2	52	
Brown Cobbles & Large Gravels	52	68	
Brown Gravels Large Redish	68	85	51
Brown Gravels Large	85	92	
Reddish Brown Sand Course	92	95	
Reddish Brown Sand Fine Silty	95	105	
Brown Gravels Small	105	115	
Reddish Brown Gravels Pea	115	120	
Brown Gravels Med	120	130	
Brown Gravels Large	130	145	
Gravel Small Loose	145	155	
Gravel Large Loose	155	177	

Date started 11-4-94 Completed 11-10-94

(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 Steve Villard WWC Number 1530
Date 11-14-94

(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 [Signature] WWC Number 1358
Date 11-14-94

For Official Use Only by The Oregon Water Resources Department:

Received Date: 12-8-04 County Well Log ID # Linn 2588 Well Identification Tag # L-75682

75682

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION (This well is well # 1 of 3 wells on the property)

Current Landowner's Name: PLEASE PRINT DONALD C. WALKER TRUST

Mailing Address: PO Box 725

City: MILL CITY State: OR Zip: 97360 Phone #:

Mail Well Tag to (if other than above address): Scott Montgomery, Land Markers Inc POB 15090 Salem 97309

(Note: If this is a shared well please see instructions)

WELL LOCATION INFORMATION (May also be referred to by County Assessor as the "Map Number")

Township #: 9 North or South (circle one) Range #: 3 East or West (circle one) Section #: 32

Tax Lot #: 3000 1/4 1/4 (if known) County: LINN

Street Address of Well: 1254 SE 4TH AVE MILL CITY, OR

WELL INFORMATION (Do not complete if well report is attached. Information on locating well reports is enclosed)

Type of Well (i.e. domestic, irrigation, etc): Date Well Constructed:

Well Constructor/Company:

Well Depth (in feet): Diameter of Well Casing (in inches):

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known):

Other Information:

Mail form to: Janet Hallsley, Well Identification Program Oregon Water Resources Department 725 Summer St. NE, Suite A Salem, OR 97301-1271 or fax to 503-986-0902.