

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

LNND
4072

10s/3w/33ac
55011

(START CARD) # 55011

(1) OWNER: Well Number 39918
Name Jim & Carol Newman
Address 1745 Century Dr
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 80 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount sacks or pounds
Diameter	From	To	From	To	Material	
10	0	18	0	18	concrete	10 sacks
6	17	49			steel	
6	49	80			open hole	
6	80	110			was open hole	

How was seal placed: Method A B C D E
 Other

Backfill placed from 0 ft. to 18 ft. Material concrete
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6	17	49	.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2	0	80	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 49

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
30	38	1/8	15			<input checked="" type="checkbox"/>	<input type="checkbox"/>
40	70	1/8	30			<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
6	54		1 hr.

Temperature of Water 52.0 Depth Artesian Flow Found _____

Was a water analysis done? Yes No 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 Lincoln Latitude 49° 38' 15" N Longitude 123° 03' 00" W
Township 10 S N or S. Range 3 W E or W. WM.
Section 33 SW 1/4 NE 1/4
Tax Lot 02900 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1745 Century Dr Albany Ore

(10) STATIC WATER LEVEL:
16 ft. below land surface. Date 8-19-93
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	80	6	16

(12) WELL LOG:
Ground elevation 230

Material	From	To	SWL
top soil	0	10	
Clay Brown cemented gravel	10	30	
Sand Brown small pea sized	30	38	16
Clay Gray med	38	44	
Clay Gray Hard lumpy	44	85	
Clay Dark Gray lumpy	85	90	
Clay Gray white Ca. clay	90	110	

Date started 8-16-93 Completed 8-19-93

(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 Schell WWC Number 610
Date 8-19-93