

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

Linn RECEIVED
4141 AUG 26 1996

REVISED COPY
(START CARD) # 40106

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

(1) OWNER: **WATER RESOURCES DEPT**
Name Oregon Metallurgical Corp.
Address P.O. Box 580
City Albany State OR Zip 97321

(9) LOCATION OF WELL by legal description:
County Linn Latitude _____ Longitude _____
Township 11 S N or S Range 3 W E or W. WM.
Section 19 NW 1/4 NW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
530 W 34 Ave. - Albany

(2) TYPE OF WORK
 New Well Deepening Alteration (repair/recondition) Abandonment

(10) STATIC WATER LEVEL:
45 ft. below land surface. Date 11-3-93
Artesian pressure _____ lb. per square inch. Date _____

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(11) WATER BEARING ZONES:
Depth at which water was first found 66'

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 220 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
66'	75'	20 gpm	34'
114'	125'	425 gpm	45'
158'	162'	75 gpm	40'

HOLE		SEAL		Sacks or pounds
Diameter	From To	Material	From To	
16"	0 18'	cement	0 18'	13 sacks
12"	18' 220'			

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: 12"	+1'	207'	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) 207'

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
195'	207'	3/8"	100	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
162'	167'					<input type="checkbox"/>	<input type="checkbox"/>
117'	122'					<input type="checkbox"/>	<input type="checkbox"/>
91'	94'					<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
<input checked="" type="checkbox"/> Pump 185 gpm	60'		<input type="checkbox"/>	1/2 hr
270 gpm	75'		<input type="checkbox"/>	2 hr
310 gpm	85'		<input type="checkbox"/>	2 1/2 hr
360 gpm	100'		<input type="checkbox"/>	3 hr
400 gpm	135'		<input type="checkbox"/>	4 hr

Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Colored Other _____
Depth of strata: _____

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	3	
Brown clay	3	15	
Gray clay	15	21	
Gray clay & gravel	21	44	
Dark gray clay	44	50	
Gray clay & gravel	50	66	
Dirty black sand & grav.	66	75	34
Gray clay & gravel	75	92	
Brown clay	92	99	
Dark gray clay	99	114	
Black sand & gravell	114	125	45
Gray clay & gravel	125	140	
Blue clay & gravel	140	144	
Dark gray clay	144	158	
Black sand & pea gravel	158	162	40'
Dark gray clay	162	170	
Dark brown clay	170	175	
Gray clay	175	197	
Dark brown clay	197	203	
Dark gray clay	203	220	

Date started 10-7-93 Completed 11-3-93

(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 water supply well construction standards. Materials used and information reported above are true to the best of my knowledge and belief.

WWC Number _____
Signed _____ 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.

WWC Number 1378
Signed [Signature] Date 11-8-93

STATE OF OREGON
WATER WELL REPORT
(as required by ORS 537.65)

LINN
4141

RECEIVED

NOV 16 1993

(START CARD) # 40106

115/32/1966

WATER RESOURCES DEPT

(1) OWNER: Well Number: SALEM
Name: Oregon Water Municipal Corp.
Address: 1000 Box 780
City: Albany State: OR Zip: 97521

(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 220 ft.
Explosives used Yes No Type: Amount:

HOLE Diameter	From To		Material	SEAL From To		Amount sacks or pounds
16"	0	18'	cement	0	18'	15 sacks
12"	18'	220'				

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
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casing: 12"	41'	207'	2.250	<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) 207'

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Coating	Liner
198'	195'	3/32"	100	12"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12"				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
195 gpm	60'		1 1/2 hr
200 gpm	75'		2 hr
210 gpm	90'		2 1/2 hr
200 gpm	100'		3 hr
400 gpm	155'		4 1/2 hr

Temperature of Water _____ Depth Artesian Flow Found _____

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: 11 S N or S. Range: 27 E or W. WM.
Section: 19 NW 1/4 NW 1/4
Tax Lot: 300 Lot: Block: Subdivision:
Street Address of Well (or nearest address):
330 W 34 Ave. - Albany

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45 ft. below land surface. Date: 11-3-93
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(12) WELL LOG: Ground elevation _____

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TOP soil	0	3	
Brown clay	3	15	
Gray clay	15	21	
Gray clay & gravel	21	44	
Dark gray clay	44	50	
Gray clay & gravel	50	66	
Dirty black sand & gravel	66	75	34'
Gray clay & gravel	75	92	
Brown clay	92	99	
Dark gray clay	99	114	
Black sand & gravel	114	125	45'
Gray clay & gravel	125	140	
Blue clay & gravel	140	144	
Dark gray clay	144	158	
Black sand & pea gravel	158	162	40'
Dark gray clay	162	170	
Dark brown clay	170	175	
Gray clay	175	197	
Dark brown clay	197	203	
Dark gray clay	203	220	

Date started 10-7-93 Completed 11-3-93

(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.

WWC Number _____
Signed _____ Date _____

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WWC Number 1378
Signed _____ Date 11-8-93