

LINN
50236

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MAY - 8 1996

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

WATER RESOURCES DEPT. (START CARD) # 87001

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

(1) OWNER: Well Number PC127
Name PAT LONG VETERINARY CLINIC
Address 28750 HWY 34
City CORVALLIS State ORE Zip 97333

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	23	CEMENT	0	23	25 SACKS
6"	23	50				

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	50	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) 50'

(7) PERFORATIONS/SCREENS:

Perforations Method HOLTE
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
27	33	1/8x2	100	6"		<input checked="" 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
30		40'	1 hr.

Temperature of water 53° 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 Range S E or W WM
Section 36 NE 1/4 NE 1/4
Tax Lot 1800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
19 ft. below land surface. Date 4-12-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 27'

From	To	Estimated Flow Rate	SWL
27	33	30 gpm	19'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	4	
CLAY - RED/BROWN w/ GRAVEL	4	16	
CLAY - BROWN w/ GRAVEL	16	19	
SAND & GRAVEL	19	34	19'
CLAY - BROWN	34	35	
CLAY - Blue	35	50	

Date started 4-10-96 Completed 4-12-96

(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 Gale Abernathy WWC Number 1251 Date 4-15-96

(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 Chal O. Long WWC Number 664 Date 4-15-96