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LYNN
50290

MAY 8 1996

START CARD # 66292

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

WATER RESOURCES DEPT.
SALEM, OREGON

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

(1) OWNER: Well Number L01588
Name LYNN, JAVIS, Glenn WOOD
Address 595 S 16th
City LEBANON State OR Zip 97355

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

HOLE		SEAL		Sacks of pounds	
Diameter	From To	Material	From To		
12"	0 20	BENTONITE	0 20		27
8"	20 235				

How was seal placed: Method A B C D E
 Other DRY 3/8 Hole plug
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"	0 235	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) 235'

(7) PERFORATIONS/SCREENS:

Perforations Method Air Perforator
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
208	225	1/2 x 1/2	816			<input checked="" type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 100 Drawdown _____ Drill stem at 140' Time 1 hr

Temperature of water 51° 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 LYNN Latitude 45 Longitude 123
Township 11S N or S Range 2W E or W. WM.
Section 34 NW 1/4 NE 1/4
Tax Lot 00560 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 34085 SANTIAGO HWY, LEBANON OR

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date 5/11/96
Artesian pressure _____ lb. per square inch. Date _____

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

From	To	Estimated Flow Rate	SWL
208	225	100 gpm	8'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
BROWN SOIL	0	13	
BROWN CLAY + GRAVEL	13	42	
Blue CLAY	42	64	
SANDY Blue CLAY	64	75	
DARK GRAY CLAY	75	105	
Blue CLAY	105	170	
BROWN CLAY	170	190	
Blue CLAY	190	208	
GRAVEL	208	225	
Blue CLAY	225	235	

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SALEM, OREGON

Date started 5/7/96 Completed 5/11/96
(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.

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 015
Signed Pat Padden Date 5/11/96