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STATE OF OREGON WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

LINN
50485

AUG 12 1996

(START CARD) # 89020

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

(1) OWNER: Well Number L04870
Name Hafez Water Corp.
Address 5840 Hafez Lane NE
City Albany State OR Zip 97131

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>12</u>	<u>0</u>	<u>139</u>	<u>Cement</u>	<u>6</u>	<u>100</u>	<u>87 SACKS</u>
			<u>Bent</u>	<u>0</u>	<u>1</u>	<u>2 bags</u>

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

Backfill placed from 139 ft. to 100 ft. Material Sand 8-12
Gravel placed from _____ ft. to _____ ft. Size of gravel _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Material			
				Steel	Plastic	Welded	Threaded
Casing: <u>8</u>	<u>+1</u>	<u>106</u>	<u>20</u>	<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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type V Wire Material Stainless

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>106</u>	<u>126</u>	<u>40</u>		<u>6"</u>		<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
<u>100'</u>		<u>100'</u>	<u>1 hr.</u>

Temperature of water 57 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 10S N or S Range 3W E or W. WM.
Section 34 NE 1/4 NE 1/4
Tax Lot 200 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 1888 Hafez Ln
Albany

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

(11) WATER BEARING ZONES:
Depth at which water was first found 37

From	To	Estimated Flow Rate	SWL
<u>37</u>	<u>64</u>	<u>30 GPM</u>	<u>20</u>
<u>102</u>	<u>126</u>	<u>100 GPM</u>	

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Gravel fill	0	2	
Silty Clay brn	2	25	
Cemented gravel brn	25	37	
Sand brn	37	38	WB
Sand + gravel loosely	38	64	WB
Cemented	64	102	WB
Cemented gravel tight	64	102	
Cemented sand gravel med	102	121	WB
Sand blk med fine	121	126	WB
Siltstone brn w/seams	126	139	
of soft gray silt		139	

Date started 7/29/96 Completed 8/6/96

(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 [Signature] WWC Number 1523
Date 8/9/96

(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 [Signature] WWC Number 1523
Date 8/9/96