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WATER RESOURCES DEPT.
SALEM, OREGON

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

WELL I.D.# L03046
LINN 50541

(START CARD) # 87093

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

(1) OWNER: Well Number _____

Name David Birkey
Address 30315 Nixon Dr
City Halsey State OR Zip 97348

(2) TYPE OF WORK

[X] New Well [ ] Deepening [ ] Alteration (repair/recondition) [ ] Abandonment

(3) DRILL METHOD:

[ ] Rotary Air [ ] Rotary Mud [X] Cable [ ] Auger
[ ] Other _____

(4) PROPOSED USE:

[X] Domestic [ ] Community [ ] Industrial [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Livestock [ ] Other _____

(5) BORE HOLE CONSTRUCTION:

Special Construction approval [ ] Yes [X] No Depth of Completed Well 60 ft.
Explosives used [ ] Yes [X] No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10"	0	18'	cement	0	18'	9sacks
6"	18'	60'				

How was seal placed: Method [ ] A [ ] B [X] 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"	+12"	49' 06"	.25	[X]	[ ]	[X]	[ ]
					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]
Liner:					[ ]	[ ]	[ ]	[ ]
					[ ]	[ ]	[ ]	[ ]

Final location of shoe(s) 49' 06"

(7) PERFORATIONS/SCREENS:

[X] Perforations Method Acetylene torch
[ ] Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
40'	49'	3/8	44	6"		[X]	[ ]
09"	06"	x12"				[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

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

[ ] Pump [X] Bailer [ ] Air [ ] Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
48gpm	15'		1 hr.

Temperature of water 54 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 14 S N or S Range 4 W E or W. WM.
Section 15 SE 1/4 SW 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
same

(10) STATIC WATER LEVEL:

13' 06" ft. below land surface. Date 8-16-96
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 35

From	To	Estimated Flow Rate	SWL
35'	48'	48 gpm	13' 06"

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	3	
Brown clay	3	17	
Brown clay &some gravel	17	20	
Brown clay	20	24	
Brown clay & gravel	24	31	
Dirty brown sand & gravel	31	35	
Brown sand & gravel	35	48	13' 06"
Dark gray clay	48	60	

Date started 8-14-96 Completed 8-16-96

(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 1378
Signed [signature] Date 8-19-96

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER