

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

SEP - 5 1996

L06668

LINN  
50547

WATER RESOURCES DEPT  
SALEM, OREGON

(START CARD) # 86813

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

(1) OWNER: Well Number DR-1109  
Name Conser Homes  
Address 33566 S.E. Columbus  
City ALBANY State ORE Zip 97321

(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 134 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
14"	0	19	BENTONITE	0	19	14 SACKS	
8"	19	134					

How was seal placed: Method  A  B  C  D  E  
 Other Poured Dry  
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"	+1	136	1.250	<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) 136'

(7) PERFORATIONS/SCREENS:

Perforations Method HOLTE  
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
115	131	1/4x1	450	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailer	<input checked="" type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal/min	Drawdown	Drill stem at	Time
250		130	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 12 N or S Range 4 E or W WM.  
Section 12 SE 1/4 SE 1/4  
Tax Lot 2800 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) 99 E NORTH LAKE CREEK DR.

(10) STATIC WATER LEVEL:  
19 ft. below land surface. Date 7-30-96  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 114'

From	To	Estimated Flow Rate	SWL
114	132	250+ Gpm	19'

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
TOP SOIL	0	2	
CLAY - BROWN - STICKY	2	23	
GRAVEL - CEMENTED	23	38	
SAND & GRAVEL - CEMENTED	38	54	
SAND & GRAVEL	54	69	
GRAVEL - CEMENTED	69	75	
GRAVEL w/SAND	75	95	
CLAY - BLUE/GRAY	95	114	
GRAVEL w/SAND	114	132	19'
CLAYSTONE - GRAY	132	140	
2' siltment in bottom			

Date started 7-26-96 Completed 7-30-96

(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 Aocernathy WWC Number 1281  
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.

Signed Chas O. Murt WWC Number 664  
Date 8-5-96