Linn 50740

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WATER RESOURCES DEPT.
SALEM, OREGON

wellid L04165

(START CARD) # 82982

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

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

(1) OWNER: Well Number _____

Name Tom + Leslie Carpenter

Address 43294 Cross Creek Rd

City Sweet Home State Or Zip 97386

(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 125 ft.

Explosives used ☐ Yes ☐ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	41	Cement	0	41	31
~~10~~	~~50~~	~~61~~	~~Cement~~			~~0~~
6	61	125				

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

☐ Other Pumped

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	0	41	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:	4	0	125		☐	☑	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

☐ Perforations Method Hand Drill

☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	100	1/4	75			☐	☑
100	125	1/4	81			☐	☑
						☐	☐
						☐	☐

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

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30	20	100	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 13S N or S Range 1E E or W. WM.

Section 10 SE 1/4 NW 1/4

Tax Lot _____ Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address) Same

(10) STATIC WATER LEVEL:

38 ft. below land surface. Date Sept 16-96

Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL
98	100	30	

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Soil	0	3	
Yellow Clay	3	14	
Clay & Boulders	14	32	
Broken Basalt	32	50	
Basalt	50	92	
Blue Sandstone	92	125	

Date started Sept 12 Completed Sept 14

(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 _____

Signed Howard Ams Date Sept 14

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