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WATER RESOURCES DEPT.
SALEM, OREGON

LINN
5084S

L01539
92227

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

(START CARD) # 92227

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

(1) OWNER: Well Number L01539
Name Casey + Tanya Hosley
Address 4650 Santa Maria Ave NE
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 51 ft.
Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	19	cement	0	19	10
6	14	51	steel			

How was seal placed: Method ☐ A ☐ B ☒ C ☐ D ☐ E
☐ Other
Backfill placed from 0 ft. to 19 ft. Material cement
Gravel placed from ____ ft. to ____ ft. Size of gravel ____

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	14	51	.250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 51

(7) PERFORATIONS/SCREENS: None
☐ Perforations Method ____
☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
30	15		1 hr.

Temperature of water 52 Depth Artesian Flow Found ____
Was a water analysis done? No ☐ Yes By whom ____
Did any strata contain water not suitable for intended use? No ☐ Too little
☐ Salty ☐ Muddy ☐ Odor ☐ Colored ☐ Other ____
Depth of strata: ____

(9) LOCATION OF WELL by legal description:
County Linn Latitude ____ Longitude ____
Township 11S N or S Range 3W E or W. WM.
Section 3 NW 1/4 NE 1/4
Tax Lot 3202 Lot ____ Block ____ Subdivision ____
Street Address of Well (or nearest address) 4650 Santa Maria Ave NE Albany Ore

(10) STATIC WATER LEVEL:
6 ft. below land surface. Date 11-22-96
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found 46

From	To	Estimated Flow Rate	SWL
46	52	30+	6

(12) WELL LOG:
Ground Elevation 230

Material	From	To	SWL
Clay Brown	0	30	
Clay Brown Sandy	30	38	
Sand Brown fine	38	46	
Sand med Black Brown	46	50	6
Sand med to Gravel	50	52	

Date started 10-17-96 Completed 11-22-96

(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 610
Signed Bob Schiller Date 11-22-96

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