

STATE OF OREGON  
**WATER SUPPLY WELL REPORT**

(as required by ORS 537.765)  
 Instructions for completing this report are on the last page of this form

*LINN*  
*50934*

WELL ID # **3139**  
 (START CARD) # **86233**

(1) OWNER: Well Number: **3139**  
 Name **Randy Fery**  
 Address **41391 Kingston Jordan Road**  
 City **Stayton** State **OR** Zip **97383**

(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 **141** ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
7.5	97	141	See next line			
			Existing Seal did not disturb			

How was seal placed: Method  A  B  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:					<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>

(8) WELL TESTS: Minimum testing time is 1 hour  
 Pump  Bailer  Air  Flowing Artesian  
 Yield gal/min **100** Drawdown **124** Drill stem at **140** Time **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 **9/S** N or S. Range **1/W** E or W. of WM.  
 Section **15** **SW**  $\frac{1}{4}$  **SE**  $\frac{1}{4}$   
 Tax Lot **1800** Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address)  
**41579 Stayton Scio Road Stayton Oregon 97383**

(10) STATIC WATER LEVEL:  
**16** ft. below land surface. Date **3/27/97**  
 Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

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

From	To	Estimated Flow Rate	SWL
60	97	120	16

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

Material	From	To	SWL
Basalt black broken	94	105	
Basalt grey fractured	105	110	
Basalt black w/brown clay	110	115	
Basalt black vesicular	115	123	
Basalt grey med - hard	123	141	

**RECEIVED**

APR 22 1997

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started **3/27/97** Completed **3/27/97**

(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 my best knowledge and belief.  
 Signed *[Signature]* WWC Number **1454**  
 Date **3-31-97**

(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 **1394**  
 Date **3-31-97**  
**Mack Drilling Company, Inc.**