

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
 51086

JUL 21 1997

WELL ID # **9154**

(START CARD) # **98843**

(1) OWNER:

Well Number: **9154**

Name **Randy Fery**
 Address **41391 Kingston Jordan Rd**
 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 **98** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Amount
Diameter	From	To	Material	From	To	sacks or pounds
12"	0	22	Bentonite	0	20	29 sacks
9.5"	22	98				

How was seal placed: Method A B C D E

Other **Poured dry and probed**

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"	+1.5	98	.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) **98 Underreamer Shoe**

(7) PERFORATIONS/SCREENS:

Perforations Method **Air perforator**
 Screens Type **Slots** Material **Steel**

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
75	90	1/4"	960	1 1/2"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailor Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
300		85	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 **9/S** N or S. Range **1/W** E or W. of WM. _____
 Section **15** **SW** ¼ **SE** ¼ _____
 Tax Lot **1800** Lot _____ Block _____ Subdivision _____

Street Address of Well (or nearest address)
41579 Stayton Scio Rd Stayton Oregon 97383

(10) STATIC WATER LEVEL:

20 ft. below land surface. Date **7/3/97**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **65**

From	To	Estimated Flow Rate	SWL
65	72	20	20
75	92	300	20

(12) WELL LOG:

Ground elevation _____

Material	From	To	SWL
Top Soil	0	3	
Cobbles and sandy soil	3	15	
Cobbles and boulders with gravel	15	45	
See next line	45	75	
Gravel large cemented with brown sandy clay	75	92	
Cobbles and gravel loose	75	92	
Claystone blue	92	96	
Bassalt black fractured	96	98	

Date started **6/28/97** Completed **7/2/97**

(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 **7-3-97**

(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 **7-3-97**
Mack Drilling Company, Inc.