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WATER RESOURCES DEPT.
SALEM, OREGON

L 11463

(START CARD) # 097295

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

LINN
51484

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

(1) OWNER: Well Number L11463

Name Gene Cuckone

Address 36596 Richardson Gap Rd.

City Lebo State Ore Zip 97354

(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 65 ft.

Explosives used ☐ Yes ☒ No Type ____ Amount ____

HOLE Diameter	From	To	Material	SEAL From	To	Sacks or pounds
10	0	25	cement	0	25	12
6	1+	35	steel			
6	35	65	open hole			

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

☐ Other

Backfill placed from ____ ft. to ____ ft. Material ____

Gravel placed from 30 ft. to 34 ft. Size of gravel 1/2

(6) CASING/LINER:

	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing:	6	1+	35	250	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s) 35

(7) PERFORATIONS/SCREENS:

☒ Perforations Method torch

☐ Screens Type ____ Material ____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
31	34	5/32	16	6		☒	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
F	40		1 hr.

Temperature of water 52 oF 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 11S N or S Range 1W E or W. WM.

Section 4 NE 1/4 SE 1/4

Tax Lot 100 Lot ____ Block ____ Subdivision ____

Street Address of Well (or nearest address) 36390 Richardson Gap Rd Lebo Ore

(10) STATIC WATER LEVEL:

12 ft. below land surface. Date 12-6-97

Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:

Depth at which water was first found 30

From	To	Estimated Flow Rate	SWL
30	34	1	12

(12) WELL LOG:

Ground Elevation 250

Material	From	To	SWL
Clay + Boulders	0	10	
Clay Brown	10	20	
Clay Gray Sandy	20	30	
Sand Black Clay Gray	30	34	12
Clay Sand Gray	34	40	
Clay Gray	40	70	
Clay Brown Sandy Gravel in	70	152	

Date started 11-27-97 Completed 12-6-97

(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 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 Scholer Date 12-6-97

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