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FEB - 5 1998

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

WATER RESOURCES DEPT.

WELL I.D. # 16863
START CARD # 106396

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

(1) OWNER: Well Number 1576
Name Linn County Affordable Housing
Address P.O. Box 185
City Sublimity State OR Zip 97385

(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 40 ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10"	0' 19'	Bentonite	0' 19'	10	Sacks
6"	19' 40'				

How was seal placed: Method A B C D E
 Other Placed @ 1 sack per 5 min rate
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"	1'	40'	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: None				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 6" @ 40'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
<u>None</u>								

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

Yield gal/min	Drawdown	Drill stem at	Time
35 GPM		40'	1 hr.

Temperature of water 56° 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 15S N or S Range 04W E or W. WM.
Section 15 SE 1/4 NW 1/4
Tax Lot Parcel 12 of _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 885 Sommerville Harrisburg

(10) STATIC WATER LEVEL:
8' ft. below land surface. Date 12-23-97
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL
35'	40'	35 GPM	8'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown Clay	2	10	
Cemented Gravel	10	22	
Sand & Gravel	22	35	
Cemented Gravel	35	40	

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WATER RESOURCES DEPT.
SALEM, OREGON

Date started 12-23-97 Completed 12-23-97

(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.
Signed [Signature] WWC Number 1411 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.
Signed Donald [Signature] WWC Number 751 Date 12-29-97