

Linn
51790

AUG 06 1998

STATE OF OREGON
WATER SUPPLY WELL REPORT WATER RESOURCES DEPT.
(as required by ORS 537.765) SALEM, OREGON

WELL I.D. # L 206668
START CARD # 116642

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

(1) OWNER: Well Number DR-1109-B
Name Conser Homes
Address 33566 S.E. Columbus
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 134 ft.
Explosives used Yes No Type _____ Amount _____

HOLE				SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds	
12"	0	100	Cement	0	100'	43 sacks	
8"	100	134					

How was seal placed: Method A B C D E
 Other Pressure Grout with 1" pipe
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	136	280	<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) 136'

(7) PERFORATIONS/SCREENS:

Perforations Method HOLTE
 Screens Type SLOT Material STEEL

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
115	131	1/4"	450	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
250		130'	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 12 N of S Range 4 W of W.M.
Section 12 SE 1/4 SE 1/4
Tax Lot 2800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) LONG OAKS Estates
99 E + NORTH LAKE, ALBANY ORE.

(10) STATIC WATER LEVEL:
19' ft. below land surface. Date 8-3-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 114'

From	To	Estimated Flow Rate	SWL
114	132	250+ gpm	19'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
<u>Pulled Pump-Set</u>			
<u>Rig over hole. Drilled</u>			
<u>DOWN w/over shot to</u>			
<u>100'. Installed cement</u>			
<u>Grout from 100' to</u>			
<u>surface, then pulled</u>			
<u>over shot, cement</u>			
<u>settled to 13' over-night</u>			
<u>topped off cement next day</u>			

Date started 7-28-98 Completed 8-3-98

(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 _____ WWC Number _____
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 Paul D. Hunt WWC Number 664
Date 8-4-98

PLEASE ATTACH TO ORIGINAL Well Log.