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OCT 27 1998

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

WELL I.D. # L 27015
START CARD # 104031

Instructions for completing this report are on the last page of this form WATER RESOURCES DEPT

(1) OWNER: Well Number 3279
Name Kent & Jan Coar
Address 38242 Coar Rd.
City Scio State Oregon Zip 97374

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

HOLE		SEAL			
Diameter	From To	Material	From To	Sacks or pounds	
12	0 160	Cement	0 160	37 sacks	
8	0 315	Bore			

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: 8	1	235	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) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
NONE							

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 600gpm Drawdown _____ Drill stem at _____ Time 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 10 N or S Range 2 E or W WM.
Section 24 NW 1/4 NW 1/4
Tax Lot 1002 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Gilkey Ra. - Scio OR 97374

(10) STATIC WATER LEVEL:
15 ft. below land surface. Date 10-15-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 240

From	To	Estimated Flow Rate	SWL
240	315	600gpm	15

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown silt	2	8	
Fine Gravel	8	10	
Brown Clay	10	20	
Brown Gravel	20	25	
Brown Clay	25	40	
Brown Gravel	40	45	
Blue Clay	45	75	
Black sand	75	80	
Blue Clay	80	100	
Black sand	100	105	
Blue Clay	105	210	
Black sand	210	227	
Blue Clay	227	240	
Black sand	240	250	
Blue Clay Sandy	250	280	
Black sand	280	285	
Blue Clay	285	290	
Black sand	290	315	15

Date started 10-5-98 Completed 10-15-98

(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 [Signature] WWC Number 1279 Date 10-21-98

(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 514 Date 10-21-98