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

WATER RESOURCES DEPT.
SALEM, OREGON

WELL I.D. # L 27004
START CARD # 104192

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

(1) OWNER: Well Number 3275
Name Glen Ford
Address P.O. Box 10262
City Portland State Oregon Zip 97210

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
20	0	18	Cement	10	20	63 sacks
14	18	50	Cement	0	30	10 sacks
10	50	300	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: 10	+1	179	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) _____

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
80	165	1/4	1000	1 1/2	10"	<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
1000+	41'	160'	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 12 N or S Range 2 E or W. WM.
Section 16 SW 1/4 NW 1/4
Tax Lot 600 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) Jackson Farms Red Bridge Rd. - Albany, OR 97321

(10) STATIC WATER LEVEL:
12 ft. below land surface. Date 9-30-98
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 80

From	To	Estimated Flow Rate	SWL
80	265	700+ gpm	12

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2 1/2	
Clay	2 1/2	10	
Sticky clay with some intermittent rocks	10	31	
Clay Blue	31	38	
Cemented sand blue w/gravel	38	130	
Clay Blue	130	140	
Cemented sand w/gravel	140	180	
Clay Blue	180	210	
Cemented sand w/gravel	210	215	
Clay Blue	215	220	
Clay Brown	220	225	
Cemented sand w/gravel	225	265	
Clay blue w/brown streaks	265	300	

Date started 9-22-98 Completed 9-30-98
(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 B. Johnson WWC Number 1684 Date 11-16-98

(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 Paul Jones WWC Number 564 Date 11/12/98