

WELL I.D.# L32034

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

LINN 52413

(START CARD) # 118993

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

(1) OWNER: Selmet Well Number _____
Name _____
Address 50 Box 689
City Albany State OR 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 _____ ft.
Explosives used Yes No Type _____ Amount _____

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
10"	90' 0'	Best chip	68' 62'	125 lbs	
		grout	36' 1'	4 lbs	
		concrete	1' 0'	1 lb	

How was seal placed: Method A B C D E
 Other 20/40 sand 36-38'

Backfill placed from 90' ft. to 68' ft. Material silica
Gravel placed from 62' ft. to 38' ft. Size of gravel 10/20

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	70'	60'	14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6"	40'	0'	14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Liner: _____

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Casing	Liner
90'	70'	0.00		6"	PVC	<input type="checkbox"/>	<input type="checkbox"/>
60'	40'	0.010		6"		<input type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
N/A	N/A		<input type="checkbox"/>	1 hr.

Temperature of water 56 F 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 11 S N or S Range 3 W E or W. WM.
Section 22 1/4 _____ 1/4 _____
Tax Lot _____ Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 7392 Seven M.R Lane, Albany, OR.

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date 4-21-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 10'

From	To	Estimated Flow Rate	SWL
25'	90'	50 GPM	10'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
sandy gravel	0	30'	10'
sandy clay with small gravel	30'	90'	
well completed with 2 screen intervals			
20/40 sand from 38-36' for grating.			

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JUL 02 1999

WATER RESOURCES DEPARTMENT
SALEM, OREGON

Date started 4-21-99 Completed 4-23-99

(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 1522
Date 6/27/99

(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 1522
Date 6/27/99

Amended Log

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STATE OF OREGON

MONITORING WELL REPORT

(as required by ORS 537.765 & OAR 690-240-095)

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

LINN 52413

Well ID# L32034

Start Card # 118993

MAY 14 1999

(1) OWNER/PROJECT: Selmet, Inc
Name: PO BOX 689
Address: Albany, OR 97321
City: Albany State: OR Zip: 97321

(6) LOCATION OF WELL By legal description
County: Linn
Township: 11S (N or S) Range: 3W (E or W) Section: 33
1. NE 1/4 of NE 1/4 of above section
2. 33992 Seven Mile Lane Albany, OR
or Tax lot number of well location

(2) TYPE OF WORK:
 New construction
 Conversion
 Alteration (Repair/Recondition)
 Deepening
 Abandonment

(3) DRILLING METHOD:
 Rotary Air
 Hollow Stem Auger
 Rotary Mud
 Cable
 Other

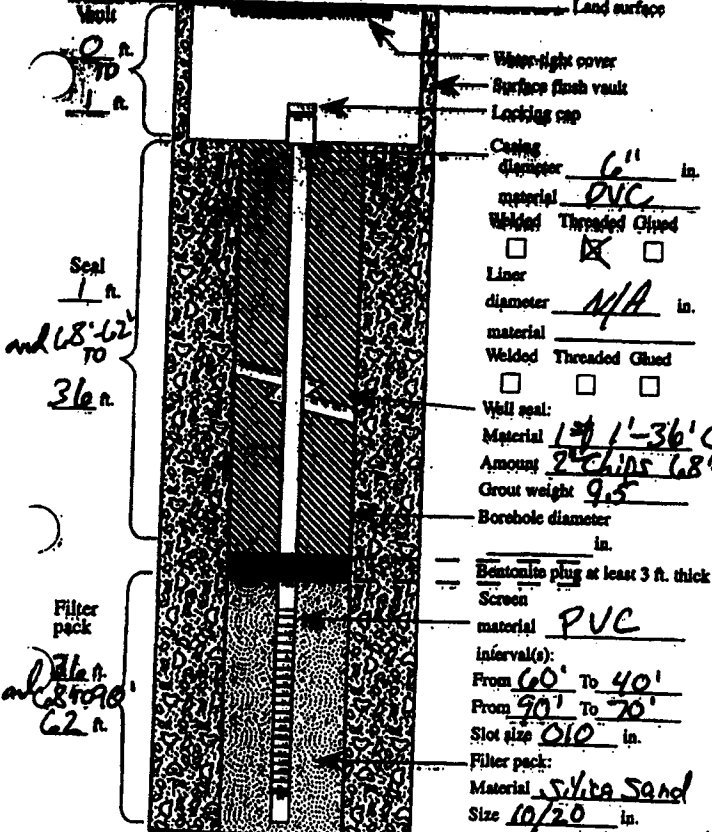
ATTACH MAP WITH LOCATION IDENTIFIED. Map shall include approximate scale and north arrow.

(7) STATIC WATER LEVEL:
10' Ft. below land surface. Date: 4-21-99
Artesian Pressure: _____ R/sq. in. Date: _____

(4) BORE HOLE CONSTRUCTION
Special Standards: Yes No
Depth of completed well: 90' ft.

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

From	To	Static Water Level	SWL
25'	90'	30'	10'



(9) WELL LOG:
Ground elevation _____

Material	From	To	SWL
Sandy Gravel	0	30'	10'
Sandy Clay with small gravel	30'	90'	

Date started: 4-21-99 Completed: 4-22-99

5) WELL TEST:
 Pump Bailor Air Flowing Artesian
Permeability _____ Yield _____ GPM
Conductivity _____ PH _____
Temperature of water: 56 °C Depth artesian flow found _____ ft.
Was water analysis done? Yes No
By whom? N/A
Depth of strata to be analyzed: From _____ ft. to _____ ft.
Remarks: _____
Name of supervising Geologist/Engineer: _____

(unbonded) Monitor Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
Signed: [Signature] MWC Number: 10464
Date: 4-22-99

(bonded) Monitor 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 well construction standards. This report is true to the best of my knowledge and belief.
[Signature] MWC Number: 100724

STATE OF OREGON
MONITORING WELL REPORT
(as required by ORS 537.765 & OAR 690-240-095)

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

Start Card # 118993

(1) OWNER/PROJECT WELL NO. _____
Name Selmet, Inc
Address PO BOX 689
City Albany State OR Zip 97321

(6) LOCATION OF WELL By legal description
Well Location: County Linn
Township 11S (N or S) Range 3W (E or W) Section 33
1. NE 1/4 of NE 1/4 of above section.
2. Either Street address of well location Albany, OR
33992 Seven Mile Lane
or Tax lot number of well location _____
3. ATTACH MAP WITH LOCATION IDENTIFIED. Map shall include approximate scale and north arrow.

(2) TYPE OF WORK:
 New construction Alteration (Repair/Recondition)
 Conversion Deepening Abandonment

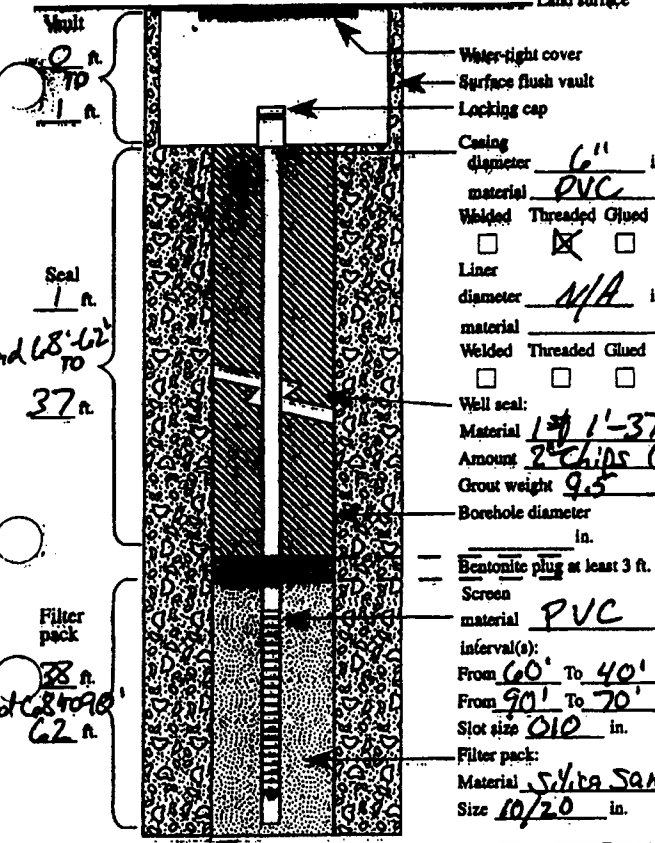
(3) DRILLING METHOD
 Rotary Air Rotary Mud Cable
 Hollow Stem Auger Other _____

(7) STATIC WATER LEVEL:
10' Ft. below land surface. Date 4-21-99
Artesian Pressure _____ lb/sq. in. Date _____

(4) BORE HOLE CONSTRUCTION
Special Standards Yes No Depth of completed well 90' ft.

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

From	To	Est. Flow Rate	SWL
<u>2.5'</u>	<u>90'</u>	<u>50</u>	<u>10'</u>



(9) WELL LOG: Ground elevation _____

Material	From	To	SWL
<u>Sandy Gravel</u>	<u>0</u>	<u>30'</u>	<u>10'</u>
<u>Sandy Clay with small gravel</u>	<u>30'</u>	<u>90'</u>	

* well completed with 2 screen intervals 60-40' & 70-90'

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APR 29 1999
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 4-21-99 Completed 4-22-99

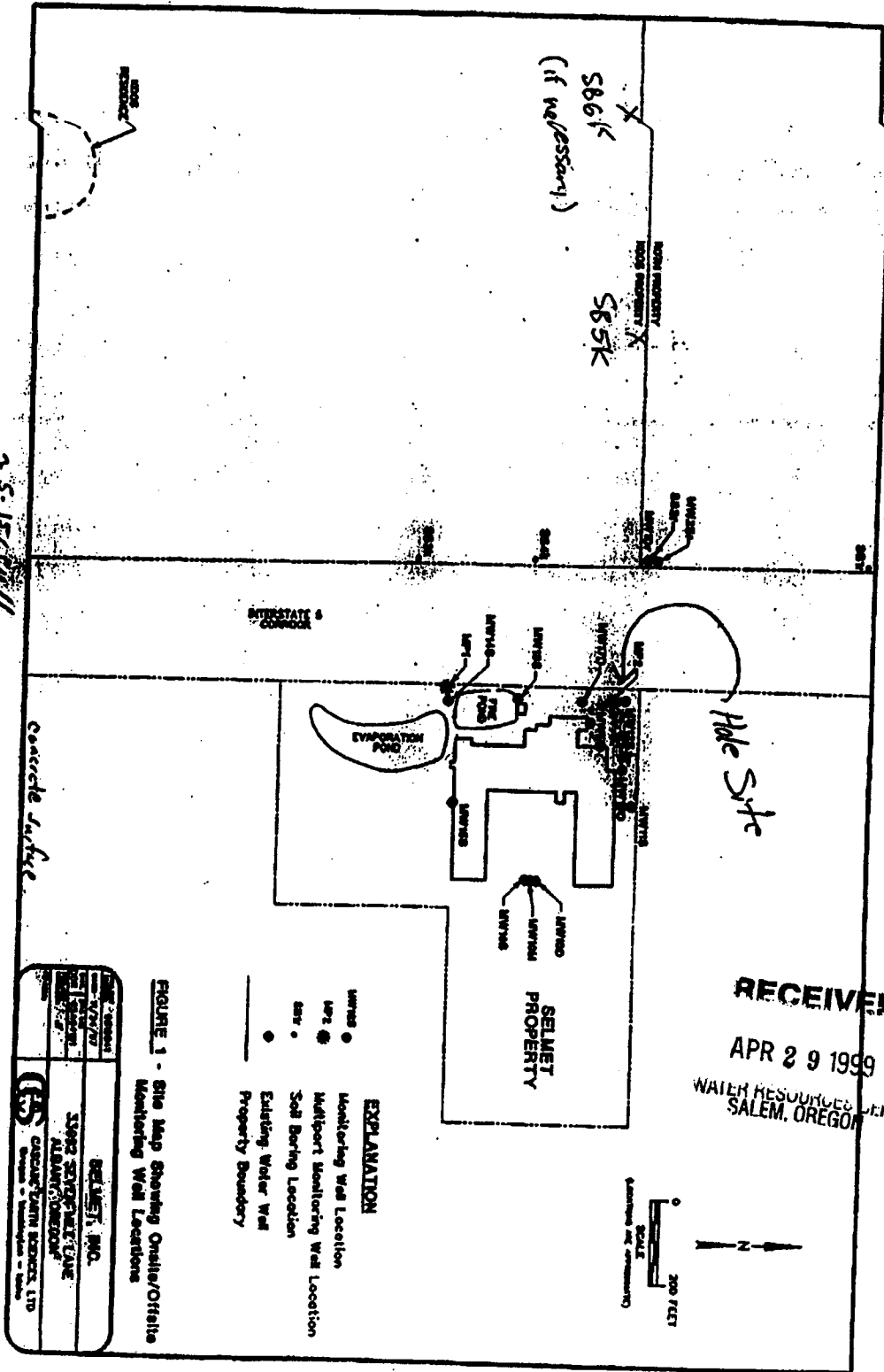
(5) WELL TEST:
 Pump Bailer Air Flowing Artesian
Permeability _____ Yield _____ GPM
Conductivity _____ PH _____
Temperature of water 56 °C Depth artesian flow found _____ ft.
Was water analysis done? Yes No
By whom? _____
Depth of strata to be analyzed. From _____ n. to _____ ft.
Remarks: _____

(unbonded) Monitor Well Constructor Certification:
I certify that the work I performed on the construction, alteration, or abandonment of this well is in compliance with Oregon well construction standards. Materials used and information reported above are true to the best knowledge and belief.
MWC Number 1046
Signed [Signature] Date 4-22-99

(bonded) Monitor 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 well construction standards. This report is true to the best of my knowledge and belief.
MWC Number 10024
Signed [Signature] Date 4/26/99

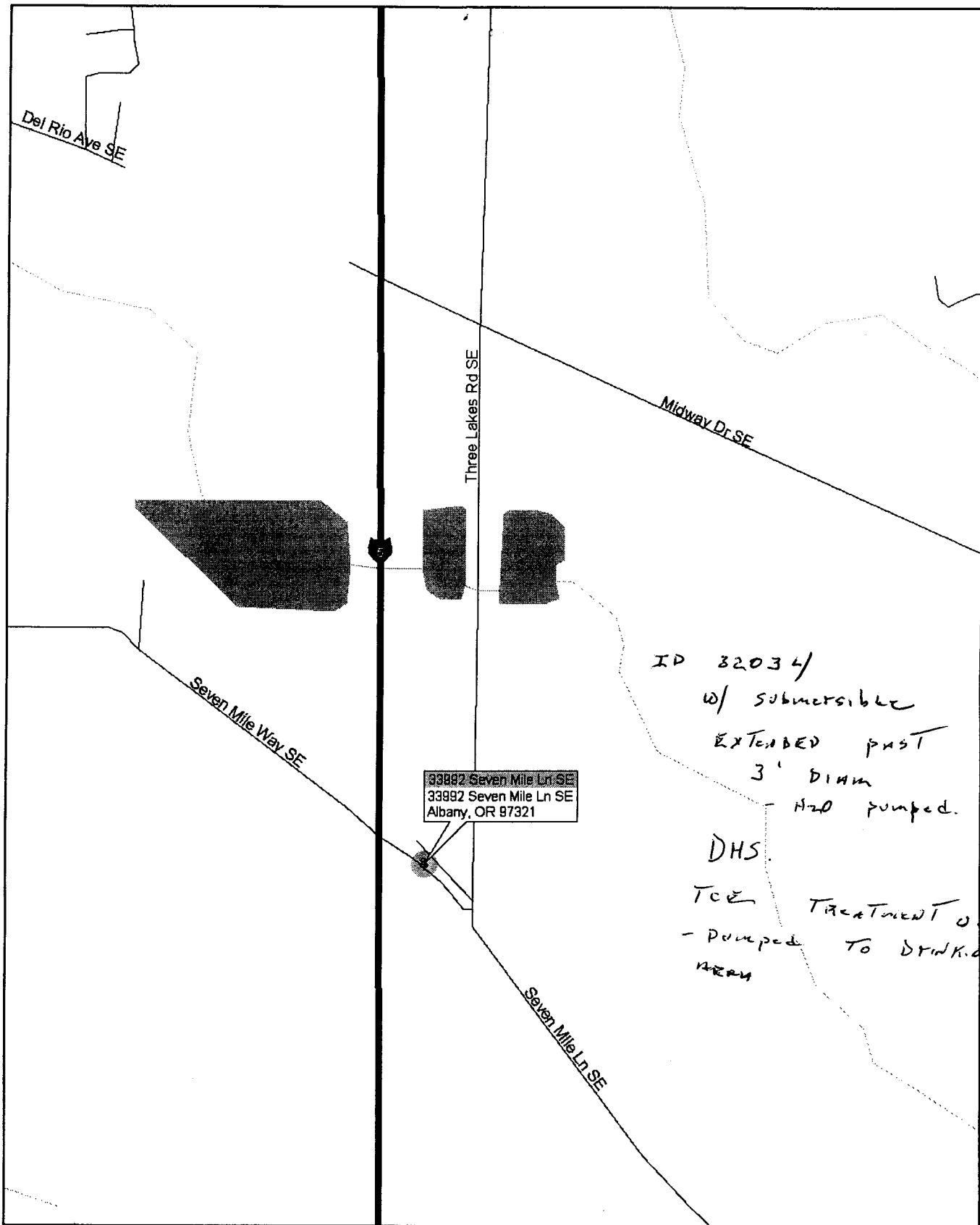
Name of supervising Geologist/Engineer _____
ORIGINAL & FIRST COPY WATER RESOURCES DEPARTMENT

SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER



25M-Mick @ Fidy 2/6/99.

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APR 29 1999
WATER RESOURCES DEPT.
SALEM, OREGON



ID 32034/
w/ submersible
EXTENDED PAST
3' DIAM
- H₂O pumped.

DHS.
TCE Treatment well
- pumped TO DRINKING
WATER

Microsoft Expedia
Streets98