

LINN
52578

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WELL I.D.# 0000226

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

JUL 27 1999

PAGE 1 OF 3

(START CARD) # 85423

Instructions for completing this report are given on the reverse side of this form.

(1) OWNER:

Name LBCC - Linn Benton Comm. College
Address 6500 Pacific Blvd, SW
City Albany State Ore Zip 97321

Well Number 0000226

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12	0	252	Bentonite	0	2	5 SACKS
			Cement	2	152	74 SACKS
			Cement Plug	202	217	3 SACKS

How was seal placed: Method A B C D E
 Other BENT Poured Dry + Probed
Backfill placed from 217 ft. to 252 ft. Material 3/4 minus Gravel
3 and pack
Gravel placed from 148 ft. to 182 ft. Size of gravel 6-9 sand

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 8"	+1/2	202	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:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
169	182	.50		8"	9" PS	<input type="checkbox"/>	<input type="checkbox"/>

Method Perforations Screens Type 5/16T Material Stainless 304

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
200	85		1 hr.
Pump set HT 107			

Temperature of water 52° 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 Upper zone
Depth of strata: 42-52, 82-92, 232-246

(9) LOCATION OF WELL by legal description:

County Linn Latitude _____ Longitude _____
Township 11S N or S Range 4W E or W. WM.
Section 25 NW 1/4 NE 1/4
Tax Lot 703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) 6500 Pacific Blvd.

(10) STATIC WATER LEVEL:

11 ft. below land surface. Date 5-25-99
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 42 FT

From	To	Estimated Flow Rate	SWL
42	52	20 gpm	26 1/2
92	92	40 gpm	25 1/2
212	182	200 gpm	11
232	246	30 gpm	10 1/2

(12) WELL LOG:

Material	From	To	SWL
TOP SOIL	0	3	
Clay Tan	3	7	
" Grey	7	17	
" Brown	17	21	
" + Gravel small Brown	21	27	
Gravel med w clay	27	35	
Brown			
Gravel large to med	35	42	
w sand Brown			
Gravel med + COBBLES	42	52	WB
Gravel small + sand coarse	52	55	
Brown			
Clay Grey sandy	55	65	
Gravel med w sand	65	69	
COARSE Black			
Gravel large + small	69	87	WB
w some COBBLES + Black			
sand			
sand Black	87	92	
CONT			

Date started 4-8-99 Completed 5-25-99

(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.

WWC Number 1454

Signed _____ 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.

WWC Number 033

Signed Michael Waldrop Date 7-26-99

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WATER SUPPLY WELL REPORT JUL 27 1999
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PAGE 2 of 3 (START CARD) # 85423

Instructions for completing this report WATER RESOURCES DEPARTMENT

(1) OWNER:
Name LBCC - CON'T.
Address _____
City _____ State _____ Zip _____

(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	

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	Material			
				Steel	Plastic	Welded	Threaded
Casing:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<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	Material	Tele/pipe size	Casing	
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>
							<input type="checkbox"/>	<input type="checkbox"/>

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

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

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
Township _____ N or S Range _____ E or W. WM.
Section _____ 1/4 _____ 1/4
Tax Lot 703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Sand Coarse Grey +	92	96	
Gravel med			
Clay Green Sandy +	96	105	
Gravel med			
Clay Green Sandy	105	111	
Clay Green + Gravel med	111	124	
Clay Grey	124	127	
Clay Grey + Gravel med	127	135	
Clay Blue + Green	135	143	
Gravel Large to med	143	147	
Cemented w Dark Green			
Sandy Clay			
Clay Brown sandy	147	152	
Clay Blue sticky	152	162	
Clay Grey sandy	162	169	
Sand Black	169	178	WB
Sandy Clay Grey w	178	182	
Packed sand seams			
Clay Brown	182	187	
Cont			

Date started _____ Completed _____

(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.

WWC Number _____
Signed _____ 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.

WWC Number 633
Signed Michael Waldrop Date 7-26-99

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WATER SUPPLY WELL REPORT
(as required by ORS 537.765)

JUL 27 1999

WATER RESOURCES DEPT.
SALEM, OREGON

Page 3 of 3

(START CARD) # 85423

Instructions for completing this report are on SALEM, OREGON form.

(1) OWNER: Well Number _____
 Name LBCC- CON'T.
 Address _____
 City _____ State _____ Zip _____

(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	

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:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<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
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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

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

Temperature of water _____ 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 _____ Latitude _____ Longitude _____
 Township _____ N or S Range _____ E or W. WM. _____
 Section _____ 1/4 _____ 1/4 _____
 Tax Lot 703 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

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

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

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Clay Grey Sticky	187	201	
Clay Blue Sticky	201	212	
" Grey Sandy	212	217	
Silt Packed	217	225	
Sand packed Fine W	225	228	
Small Gravel			
Packed sand Fine + silty	228	232	
Clay			
Sand Black w some	232	240	WB
Small Gravel			
Sand coarse w small	240	246	
Gravel			
Clay Blue Sticky	246	252	

Date started _____ Completed _____

(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.

WWC Number _____
 Signed _____ 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.

WWC Number 933
 Signed Michael Walden Date July 26, 1999