

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

linn
 52908

WELL I.D. # L 36148
 START CARD # 127049

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

(1) OWNER: Well Number 1814
 Name Hayworth Family Lmt. Part
 Address P.O. Box 269
 City Harrisburg State OR Zip 97440

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

HOLE		SEAL		Sacks or pounds	
Diameter	From To	Material	From To		
14"	0' 18'	Cement	0' 18'	16	Sacks
10"	18' 55'				

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'	54'	220	<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) 10" @ 54'

(7) PERFORATIONS/SCREENS:

Perforations Method Torch Cut
 Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
22'	54'	8x5	650			<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
350 GPM		54'	1 hr.

Temperature of water 57° 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 16S N or S Range 04W E or W. WM.
 Section 01 NW 1/4 NE 1/4
 Tax Lot 200 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 21005 Coburg Rd. Harrisburg OR

(10) STATIC WATER LEVEL:
14' ft. below land surface. Date 11-9-99
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22'	54'	350 GPM	14'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	3	
Cemented Gravel	3	20	
Sand & Gravel	20	54'	14'

Date started 11-4-99 Completed 11-9-99
 (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 1411
 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 Donald Floring WWC Number 751
 Date 11-16-99