

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

WELL I.D. # L 435685
 START CARD # 131017

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

(1) OWNER: Well Number DR-1493
 Name MIKE PETERSON
 Address 1245 LYNNWOOD DR. N.E.
 City ALBANY State ORE 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 401 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds	
Diameter	From	To	Material	From	To		
10"	0	30	BENTONITE	0	30	26 SACKS	
8"	30	86	CEMENT	75	86	2 SACKS *	
6"	86	401					

How was seal placed: Method A B C D E
 Other POURED DRY TREMIE *
 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: 6"	+1	87	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	-3	401		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 87'

(7) PERFORATIONS/SCREENS:

Perforations Method SAW
 Screens Type SLOT Material PVC

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
300	390	1/8x6	270	4 1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Artesian	Time
20		380'	<input checked="" type="checkbox"/>	1 hr.

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 _____
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County LINN Latitude _____ Longitude _____
 Township 10 N of S Range 3 or (W) WM.
 Section 35 SE 1/4 SE 1/4
 Tax Lot 307 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
278 ft. below land surface. Date 7-31-00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 360'

From	To	Estimated Flow Rate	SWL
360	372	20 gpm	278'

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
CLAY-BROWN	2	9	
CLAY-BROWN w/COBALS	9	74	
BASALT-BLACK	74	128	
SANDSTONE-GRAY	128	138	
CLAYSTONE-BROWN	138	165	
CLAYSTONE-mix w/ROCK	165	246	
CLAYSTONE-LT. GRAY	246	287	
SANDSTONE-GRAY	287	401	278'

RECEIVED

AUG 09 2000

WATER RESOURCES DEPT.
 SALEM, OREGON

Date started 7-26-00 Completed 7-31-00

(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 LARRY GRAY WWC Number 1581 Date 7-31-00

(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 Chad D. August WWC Number 664 Date 7-31-00