

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

WELL I.D. # L 23913
 START CARD # 116712

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

(1) OWNER: Well Number _____
 Name Don Stocton
 Address 31919 N. Lake Creek Rd
 City Tangent State OR Zip 97389

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
12"	0	75'	concrete	0	75'	33 1/2 sacks
8"	75'	115'				

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: 8"	+16"	113'	25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		08"		<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"/>

Final location of shoe(s) 113' 08"

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
103'	113'	3/8"	10	8"		<input checked="" type="checkbox"/>	<input type="checkbox"/>
08"	08"	1/2"				<input 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
120 gpm	12'		1 hr.

Temperature of water 53 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 S N or S Range 4 W E or W. WM.
 Section 12 NW 1/4 100 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) _____

(10) STATIC WATER LEVEL:
21' ft. below land surface. Date 8-22-00
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found 62'

From	To	Estimated Flow Rate	SWL
62'	69'	35 gpm	13'
89'	100'	120 gpm	21'

(12) WELL LOG: Ground Elevation _____

Material	From	To	SWL
Top soil	0	06"2	
Brown clay	06"	20'	
Brown clay & gravel	20'	40'	
Dirty gravel	40'	51'	
Dark gray clay	51'	62'	
Dirty black sand & gravel	62'	69'	13'
Dark gray clay	69'	77'	
Black clay	77'	89'	
Black sand & gravel	89'	100'	21'
Dark gray clay	100'	108'	
Blue clay	108'	115'	

RECEIVED

AUG 28 2000

WATER RESOURCES DEPT.
SALEM, OREGON

Date started 8-18-00 Completed 8-22-00

(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.

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 1378
 Signed Mark Wilson Date 8-24-00