

LINN  
57471

STATE OF OREGON  
WATER SUPPLY WELL REPORT

(as required by ORS 517.245)

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

WELL I.D. #1. L44612  
START CARD # 135911

(1) OWNER: Well Number DR1534  
Name City of Brownsville  
Address 255 N. MAIN  
City Brownsville State OR Zip 97327

(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 28 ft.  
Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

HOLE			SEAL			
Diameter	From	To	Material	From	To	Notes or pounds
12"	0	18	BENTONITE	0	18	12 SACKS
8"	18	28				

How was seal placed? Method  A  B  C  D  E  
 Other Poured Dry  
Backfill placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_  
Gravel placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Size of gravel \_\_\_\_\_

(6) CASING/LINER:

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
	8"	1	23	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 sleeve(s) 23'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Telephone size	Casing	Liner
18'	22	1/2"	102	8"		<input checked="" 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

Pump  Bailor  Air  Flowing  
Yield gallons 50 per 25' Time 1 hr.  
Artesian

Temperature of water 53° Depth Artesian Flow Found \_\_\_\_\_  
Was a water analysis done?  Yes  No 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 13 Range 2 or WM  
Section 31 SW 1/4 SW 1/4  
Tax lot 700 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street address of Well (or nearest address) PIONEER PARK BROWNVILLE, ORE.

(10) STATIC WATER LEVEL:  
15 ft. below land surface. Date 10-16-00  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:  
Depth at which water was first found 18'

From	To	Estimated Flow Rate	SWL
18	23	50+ gpm	15'

(12) WELL LOG:  
Ground Elevation \_\_\_\_\_

Material	From	To	SWL
TOP SOIL	0	7	
CLAY-BROWN-SANDY	7	14	
GRAVELS	14	23	15'
ROCK-BROWN	23	28	

Date started 10-13-00 Completed 10-16-00  
(unbonded) Water Well Contractor 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 Joe Williams WWC Number 1667 Date 10-17-00

(bonded) Water Well Contractor 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 Charles D. Hunt WWC Number 664 Date 10-17-00