

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

WELL I.D. # L 49884  
 START CARD # 141659

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

(1) **LAND OWNER** Well Number \_\_\_\_\_  
 Name Albany Mennonite Church  
 Address 3405 Kizer Ave NE  
 City Albany State OR 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 85 ft.  
 Explosives used  Yes  No Type \_\_\_\_\_ Amount \_\_\_\_\_

| HOLE     |      |     | SEAL     |      |     | Sacks or pounds |
|----------|------|-----|----------|------|-----|-----------------|
| Diameter | From | To  | Material | From | To  |                 |
| 10"      | 0    | 18' | cement   | 0    | 18' | 9sacks          |
| 6"       | 18'  | 85' |          |      |     |                 |

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: 6" | +1'  | 47' | 1/4"  | <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"/> |

Drive Shoe used  Inside  Outside  None  
 Final location of shoe(s) 47'

(7) **PERFORATIONS/SCREENS:**  
 Perforations Method Acetylene torch  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

| From | To  | Slot size | Number | Diameter | Tele/pipe size | Casing                              | Liner                    |
|------|-----|-----------|--------|----------|----------------|-------------------------------------|--------------------------|
| 38'  | 47' | 1/2x12    | 44     | 6"       |                | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

| Yield gal/min | Drawdown | Drill stem at | Time  |
|---------------|----------|---------------|-------|
| 7gpm          | 47'      |               | 1 hr. |

Flowing  Artesian  Bailer  Air  Pump

Temperature of water 54 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 S N or S Range 3 W E or W. WM.  
 Section 33 SE 1/4 NE 1/4  
 Tax Lot 2200 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Street Address of Well (or nearest address) same

(10) **STATIC WATER LEVEL:**  
9 ft. below land surface. Date 5-2-02  
 Artesian pressure \_\_\_\_\_ lb. per square inch Date \_\_\_\_\_

(11) **WATER BEARING ZONES:**  
 Depth at which water was first found 30'

| From | To  | Estimated Flow Rate | SWL |
|------|-----|---------------------|-----|
| 30'  | 44' | 7gpm                | 9   |

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

| Material                  | From | To | SWL |
|---------------------------|------|----|-----|
| Brown clay                | 0    | 13 |     |
| Brown clay&gravel         | 13   | 30 |     |
| Dirty brown sand & gravel | 30   | 44 | 9   |
| Light blue clay           | 44   | 65 |     |
| Dark gray clay            | 65   | 75 |     |
| Light gray clay           | 75   | 85 |     |

RECEIVED

MAY 28 2002

WATER RESOURCES DEPT.  
 SALEM, OREGON

Date started 4-27-02 Completed 5-2-02

(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 \_\_\_\_\_ WWC Number \_\_\_\_\_ 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 [Signature] WWC Number 1378 Date 5-20-02