

Linn
55249

WELL I.D. # L 456773
START CARD # 148239

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

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

(1) **LAND OWNER** Well Number DR-1721
Name CITY OF SODAVILLE
Address 30723 SODAVILLE RO.
City LEBANON State ORE Zip 97355

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10"	0	20	Cement	0	20	16 SACKS
8 3/4"	20	117	Cement	20	117	23 SACKS
6"	117	320				

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"	+2	117	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner: 4 1/2"	G.L.	320		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 117

(7) **PERFORATIONS/SCREENS:**
 Perforations Method SAW
 Screens Method SLAT OR

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
260	310	1/8 x 6	150	4 1/2"		<input type="checkbox"/>	<input checked="" type="checkbox"/>

(8) **WELL TESTS:** Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 40 Drawdown _____ Drill stem at 300' Time 1 hr.

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 12 No. 1 Range 1 No. 1 of 1 W.M.
Section 31 NE 1/4 SW 1/4
Tax Lot 100 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) CORNER OF St. Louis St. AND Pine St.

(10) **STATIC WATER LEVEL:**
122 ft. below land surface. Date 12-9-02
Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
Depth at which water was first found 20'

From	To	Estimated Flow Rate	SWL
20	24	4 gpm	7'
80	100	10 gpm	61'
(BOTH WATERS CEMENTED OFF)			
289	300'	40 gpm	122'

(12) **WELL LOG:**
Ground Elevation _____

Material	From	To	SWL
Fill	0	3	
SHALE - GRAY	3	28	7'
SHALE - BLACK	28	34	
SANDSTONE - GRAY - MICO	34	73	
SANDSTONE BLUE/GRAY	73	115	61'
SANDSTONE - GRAY/PURPLE	115	133	
SANDSTONE - GRAY	133	162	
SANDSTONE - BLUE/GRAY	162	185	
SANDSTONE - GRAY	185	220	
CLAYSTONE - GRAY - MICO	220	246	
CLAYSTONE/SANDSTONE - GRAY	246	320	122'
DECEMBER 19 2003			
WATER RESOURCES DEPT. SALEM, OREGON		FEB 19 2003	
WATER RESOURCES DEPT. SALEM, OREGON			

Date started 11-20-02 Completed 12-9-02

(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 LARRY A. GRAY WWC Number 1581 Date 12-12-02

(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 Paul D. August WWC Number 664 Date 12-12-02