

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

(WELL I.D.) # L 65001  
(START CARD) # 158159

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

(1) OWNER: Well Number \_\_\_\_\_

Name F+H L.L.C.  
Address P.O. Box 1836  
City ALBANY State OREGON 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	28	Cement	0	28	10
6	28	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	12	79	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 shoe(s) 78

(7) PERFORATIONS/SCREENS:

Perforations Method WALK AIR PERFORATOR  
 Screens Type \_\_\_\_\_ Material \_\_\_\_\_

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
58	72	3/8x3	160			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Flowing Time
35		80	1 hr.

Temperature of water 58° 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 11 (N or S) Range 4 E or W WM.  
Section 33 SE 1/4 NE 1/4  
Tax Lot 2900 Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street Address of Well (or nearest address) Highway 39 Business Center Corvallis

(10) STATIC WATER LEVEL:

30 ft. below land surface. Date 8-29-03  
Artesian pressure \_\_\_\_\_ lb. per square inch. Date \_\_\_\_\_

(11) WATER BEARING ZONES:

Depth at which water was first found 46

From	To	Estimated Flow Rate	SWL
46	72	35	30

(12) WELL LOG:

Ground Elevation \_\_\_\_\_

Material	From	To	SWL
Fill Rock	0	2	
Brown Sticky Clay	2	6	
Blue Sandy Clay	6	23	
Brown Clay & Gravel	23	40	
Brown Gravel	40	45	
Blue Sand & Gravel	45	67	30
Blue Sand	67	72	30
Blue Sticky Clay	72	85	

RECEIVED  
SEP 11 2003  
WATER RESOURCES DEPT.  
SALEM, OREGON

Date started 8-28-03 Completed 8-29-03

(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 Gregory K... WWC Number 741 Date 8-29-03