

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 66677
START CARD # 160262

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

(1) LAND OWNER LINN COUNTY PARKS Well Number DR-1793
Name 3010 Ferry St. S.W.
Address ALBANY State ORE. Zip 97321
City ORE.

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

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	35	BENTONITE	0	35	17 SACKS
6"	35	201				

How was seal placed: Method A B C D E
 Other POURCO DRY
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	39	1.250	<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"/>

Drive Shoe used Inside Outside None
Final location of shoe(s) 39'

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
Table content is crossed out with a diagonal line.							

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Artesian
Yield gal/min 30 Drawdown _____ Drill stem at 180' 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 13 N or S Range 2 E or W. WM.
Section 28 SE 1/4 NW 1/4
Tax Lot 9400 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) RIVER BEND COUNTY PARK
MIle post 36 ON Hwy 20

(10) STATIC WATER LEVEL:
52 ft. below land surface. Date 9-30-03
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 160'

From	To	Estimated Flow Rate	SWL
160	180	30 G.P.M.	52'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
CLAY-BROWN	1	5	
CLAY-BROWN w/ COBBLES	5	9	
CLAY-BROWN w/ GRAVEL	9	16	
SANDSTONE - BROWN	16	46	
SANDSTONE - BLUE/GRAY	46	51	
SANDSTONE - BROWN	51	56	
SANDSTONE - GRAY	56	201	52'

RECEIVED
NOV 04 2003
WATER RESOURCES DEPT.
SALEM, OREGON

Date started 9-29-03 Completed 9-30-03

(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 Joe Williams WWC Number 1667 Date 10-2-03

(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 Charles D. Lupton WWC Number 664 Date 10-2-03