

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 66693
START CARD # 160288

(as required by ORS 537.765)

Linn
55856

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

(1) LAND OWNER
Name ALBANY R.U. & TRAILER Well Number DR-1806
Address 1197 Century Dr.
City ALBANY State ORE Zip 97322

(9) LOCATION OF WELL by legal description:
County LINN Latitude _____ Longitude _____
Township 10 No. 3 Range 3 or W W.M.
Section 33 SE 1/4 SW 1/4
Tax Lot 1201 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(2) TYPE OF WORK
 New Well Deepening Alteration Repair/recondition Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other _____

(10) STATIC WATER LEVEL:
17 ft. below land surface. Date 11-25-03
Artesian pressure _____ lb. per square inch Date _____

(4) PROPOSED USE:
 Domestic Community Industrial Irrigation
 Thermal Injection Livestock Other _____

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

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well 53 ft.
Explosives used Yes No Type _____ Amount _____

From	To	Estimated Flow Rate	SWL
/			

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
<u>10"</u>	<u>0</u>	<u>22</u>	<u>Cement</u>	<u>0</u>	<u>22</u>	<u>14 SACKS</u>
(OVERSHOT)						

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 _____

(12) WELL LOG:
Ground Elevation _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: <u>6"</u>	<u>0</u>	<u>22</u>	<u>UNDISTURBED</u>	<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"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material	From	To	SWL
<u>TOP SOIL</u>	<u>0</u>	<u>2</u>	
<u>CLAY-BROWN</u>	<u>2</u>	<u>11</u>	
<u>CLAY-BROWN w/ GRAVEL</u>	<u>11</u>	<u>22</u>	
OVER-SHOT 6" CASING			
RE-SEALED WELL			
RECEIVED			
RECEIVED			
DEC 22 2003			
DEC 11 2003			
WATER RESOURCES DEPT SALEM, OREGON			
WATER RESOURCES DEPT SALEM, OREGON			

Drive Shoe used Inside Outside None
Final location of shoe(s) N/A

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						<input 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

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

Pump Bailer Air Flowing Artesian

Date started 11-25-03 Completed 11-25-03

(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 11-28-03

Temperature of water _____ 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: _____

(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 Chad D. [Signature] WWC Number 664 Date 11-28-03