

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

WELL I.D. # L 66680
 START CARD # 165873

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

(1) LAND OWNER Name PATRICIA SYLVESTER Well Number DR-1899
 Address 1665 Post St.
 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 65 ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10"	0	19	BENTONITE	0	19	8 SACKS
6"	19	65				

How was seal placed: Method A B C D E
 Other Poured 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	59'	1250	<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) 59'

(7) PERFORATIONS/SCREENS:

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	Flowing Time
15		58'	1 hr.

Pump Bailer Air Artesian

Temperature of water 53° 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 # or S Range 2 # or W WM.
 Section 24 SW 1/4 SW 1/4
 Tax Lot 100 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 38053 Weirich Dr.
LEBANON, ORE

(10) STATIC WATER LEVEL:
17' ft. below land surface. Date 4-23-04
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 47'

From	To	Estimated Flow Rate	SWL
47	65	15 gpm	17'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	1	
CLAY-BROWN	1	3	
CLAY-BROWN w/ GRAVEL	3	21	
SAND & GRAVEL - cemented	21	47	
GRAVEL SAND - BROWN	47	80	17'
Hole cased back to 65'			
RECEIVED			
MAY 07 2004			
WATER RESOURCES DEPT SALEM, OREGON			

Date started 4-23-04 Completed 4-23-04

(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 4-26-04

(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. [Signature] WWC Number 664 Date 4-26-04