

STATE OF OREGON
WATER SUPPLY WELL REPORT

WELL I.D. # L 70782
START CARD # 165906

(as required by ORS 537.765)
Instructions for completing this report are on the last page of this form.

(1) LAND OWNER
Name WOODLAND PARK Well Number OR-1849
Address 33125 WHITE OAK LANE
City CORVALLIS State ORE. Zip 97333

(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			
Diameter	From	To	Material	From	To	Sacks or pounds	
10"	0	19	BENTONITE	0	19	8 SACKS	
			Cement	60	66	2 SACKS *	
6"	19	85					

How was seal placed: Method A B C D E
 Other Poured Dry TREMI'S *
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
6"	+1	79	1.250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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"/>

Liner: _____

Drive Shoe used Inside Outside None
Final location of shoe(s) 79

(7) PERFORATIONS/SCREENS:

Perforations Method _____
 Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Telepipe 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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
est. 100 gpm		78'	1 hr.

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 N of S Range 4 W of WWM.
Section 8 NW 1/4 NW 1/4
Tax Lot 1703 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) SAME

(10) STATIC WATER LEVEL:
9 ft. below land surface. Date 7-12-04
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found 22'

From	To	Estimated Flow Rate	SWL
22	29	75+ gpm	12'
SEALED - OFF			
70	85	100+ gpm	9'

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
GRAVEL	0	1	
CLAY-BROWN	1	17	
GRAVEL w/ CLAY-BROWN	17	22	
GRAVEL - P - HEAVING	22	29	12'
CLAY-BLUE	29	70	
GRAVEL - BLACK	70	85	9'
SAND - BLACK	85	90	

Hole cased back to 85'

RECEIVED

AUG 12 2004

WATER RESOURCES DEPT
SALEM, OREGON

Date started 7-8-04 Completed 7-12-04

(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 7-19-04

(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 [Signature] WWC Number 667 Date 7-19-04