

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

(WELL I.D.# L 67218
(START CARD) # 168579

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

(1) OWNER: Well Number **3958**
Name **Mountain Glen Wilderness LLC**
Address **P.O. Box 1064**
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 **150** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	45	Bentonite	0	45	22 sacks
8	45	60				
6	60	150				

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	+1'6"	60'6"	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) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	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
50 gpm		150'	1 hr.

Pump Bailer Air Flowing 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 **10** S Range **1** E WM.
Section **24** NE 1/4 NE 1/4
Tax Lot **3300** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **44644 Camp Morrison Dr. Sclo, OR 97374**

(10) STATIC WATER LEVEL:
25 ft. below land surface. Date **8/11/2004**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **130**

From	To	Estimated Flow Rate	SWL
130	150	50 gpm	25

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Yellow sandy clay	0	21	
Blue sandstone hard	21	30	
Brown clay	30	40	
Blue sandstone	40	150	25
RECEIVED			
AUG 23 2004			
WATER RESOURCES DEPT SALEM, OREGON			
JONES DRILLING CO., INC. 29400 SANTIAM HWY. LEBANON, OR 97355 541-367-2560 541-451-2686 1-800-915-8388			

Date started **8/12/2004** Completed **8/12/2004**

(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.
WVC Number _____
Signed _____ 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.
WVC Number **514**
Signed *Ray D. Jones* Date **8/17/2004**