

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

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

WELL I.D. # L 54288
 START CARD # 171094

(1) **LAND OWNER** Well Number _____
 Name Renée Gilpin
 Address 35645 Riverside Dr. SW
 City ALBANY State OR 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 55 ft.
 Explosives used ☐ Yes ☒ No Type _____ Amount _____

HOLE SEAL
 Diameter From To Material From To Sacks or pounds
10" 0 20 Bentonite 0 20 9
6" 20 55 _____ _____ _____

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other DRY 3/8 chips
 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:	<u>6"</u>	<u>0</u>	<u>55</u>	<u>250</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
 Final location of shoe(s) 55

(7) **PERFORATIONS/SCREENS:**
☒ Perforations Method Air perforator
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>35</u>	<u>52</u>	<u>1/4x2</u>	<u>204</u>			☒	☐
						☐	☐
						☐	☐

(8) **WELL TESTS:** Minimum testing time is 1 hour

Yield gal/min	Drawdown	Drill stem at	Time
<u>25</u>		<u>45'</u>	<u>1 hr</u>

Flowing ☐ Artesian ☐ Air ☒ Bailer ☐ Pump ☐

Temperature of water 51° 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 11S N or S Range 4W E or W. WM.
 Section 15 NE 1/4 SE 1/4
 Tax Lot 300 Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) 35645 Riverside Dr. SW Albany OR

(10) **STATIC WATER LEVEL:**
22 ft. below land surface. Date 10/15/04
 Artesian pressure _____ lb. per square inch Date _____

(11) **WATER BEARING ZONES:**
 Depth at which water was first found 35'

From	To	Estimated Flow Rate	SWL
<u>35'</u>	<u>52'</u>	<u>25 gpm</u>	<u>22'</u>

(12) **WELL LOG:**
 Ground Elevation _____

Material	From	To	SWL
<u>BROWN SOIL</u>	<u>0</u>	<u>7</u>	
<u>BROWN CLAY</u>	<u>7</u>	<u>30</u>	
<u>BROWN clay & gravel</u>	<u>30</u>	<u>35</u>	
<u>BROWN sand & gravel</u>	<u>35</u>	<u>52</u>	
<u>Blue CLAY</u>	<u>52</u>	<u>55</u>	

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WATER RESOURCES DEPT
 SALEM, OREGON

Date started 10/15/04 Completed 10/15/04

(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.

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 615
 Signed Pat Riddern Date 10/16/04