

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 32034
START CARD # 172135

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

(1) LAND OWNER: **Selmer Inc.** Well Number **DR-1924**
Name **Selmer Inc.**
Address **P.O. Box 689**
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 **NONE**

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

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

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
			UNDISBURSED			

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 _____

(6) CASING/LINER:

Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing: 6"	+1'3"	4'	5/80	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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) **N/A**

(7) PERFORATIONS/SCREENS:

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

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

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

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: _____

(9) LOCATION OF WELL by legal description:
County **LINN** Latitude _____ Longitude _____
Township **11** N or (S) Range **3** B or (W) W.M.
Section **33** NE 1/4 **NE** 1/4
Tax Lot **502** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **33992 Seven Mile Ln. Albany, ORE.**

(10) STATIC WATER LEVEL:
10' ft. below land surface. Date **3-4-05**
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Pulled pump.			
Installed VAN Stone FLANGE - Mating with FLANGE Ø - 4" Usco #150 Viton Full Face gasket then glued 6" P.V.C. Pipe to +1'3".			
Installed top FLANGE that mates with to well seal.			
Secret method cover			
Steel cover over well and bolted to VANET plate.			
Well extension complete			

Date started **3-4-05** Completed **4-6-05**

(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.
WWC 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.
WWC Number **664**
Signed **[Signature]** Date **4-7-05**

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APR 11 2005
WATER RESOURCES DEPT
SALEM, OREGON