

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

(WELL I.D.)# **L 74196**

(START CARD) # **171908**

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

(1) OWNER: Well Number **4025**
 Name **Steve Eskeldson**
 Address **37447 Robinson Dr.**
 City **Scio** State **Oregon** Zip **97374**

(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 **175** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	50	Cement	0	50	24 sacks
6	50	175				

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"	+1'6"	118'6"	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	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
60		175	1 hr.

Pump Bailer Air Flowing Artesian

Temperature of water **56** 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 **2** W WM.
 Section **12** SE 1/4 **SE** 1/4
 Tax Lot **1300** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **38424 Jefferson Scio Dr.**
Scio, OR 97374

(10) STATIC WATER LEVEL:
27 ft. below land surface. Date **4/25/2005**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **135**

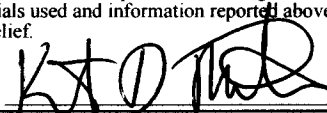
From	To	Estimated Flow Rate	SWL
135	145	40	27
170	175	20	27

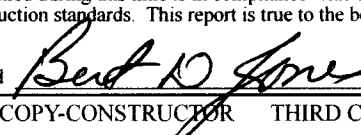
(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown clay	2	10	
Brown clay & gravel	10	35	
Blue sand & gravel	35	42	
Blue sandy clay	42	60	
Blue clay	60	85	
Blue sandy clay	85	95	
Blue sand & gravel	95	99	
Blue clay	99	135	
Black sand clay w/wood chips	135	145	27
Blue clay	145	170	
Black sand & gravel	170	175	27

JONES DRILLING CO., INC.
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388

Date started **4/22/2005** Completed **4/25/2005**

(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  WWC Number **1411**
 Date **4/29/2005**

(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  WWC Number **514**
 Date **4/29/2005**