

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

WELL I.D. # L L66704

START CARD # 172130

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

(1) LAND OWNER Well Number DR-1928
Name TWIN COAS MOBILE PARK
Address 2292 N.W. Kings Blvd.
City CORVALLIS State OREGON Zip 97330

(2) TYPE OF WORK New Well
 Deepening Alteration (repair/recondition) Abandonment Conversion

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Other

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

(5) BORE HOLE CONSTRUCTION Special Construction: Yes No
Depth of Completed Well 90 ft.
Explosives used: Yes No Type _____ Amount _____

BORE HOLE			SEAL			Sacks or Pounds
Diameter	From	To	Material	From	To	
12"	0	30	Cement	0	30	28 SACKS
8"	30	90				

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 _____

Casing:	Diameter	From	To	Gauge	Liner			
					Steel	Plastic	Welded	Threaded
8"	+1	88	1250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Liner:					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Drive Shoe used Inside Outside None
Final location of shoe(s) 88

(7) PERFORATIONS/SCREENS
 Perforations Method TORCH-PLAZMA
 Screens Type SLOT Material STEEL

From	To	Slot Size	Number	Diameter	Tele/pipe size	Casing	Liner
69	83	1/8x6	84	8"		<input checked="" 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
60	15'		1 HOUR

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 (legal description)
County LINN
Tax Lot 1000 Lot _____
Township 12 of S Range 2 or W WM
Section 22 NE 1/4 NE 1/4

Lat _____ " or _____ (degrees or decimal)
Long _____ " or _____ (degrees or decimal)
Street Address of Well (or nearest address) 2796 S. MAIN ST. LEBANON, OREGON 97355

(10) STATIC WATER LEVEL
_____ ft. below land surface. Date _____
6' ft. below land surface. Date 5-4-05
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES
Depth at which water was first found 67'

From	To	Estimated Flow Rate	SWL
67	83	60+ gpm	6'

(12) WELL LOG Ground Elevation _____

Material	From	To	SWL
TOP SOIL	0	2	
CLAY-BLOWN w/COBBLES	2	25	
GRAVEL w/CLAY-BLOWN	25	42	
CLAY-BLAY w/GRAVEL	42	56	
GRAVEL-CEMENTED	56	67	
SAND & GRAVEL (PART CEMENTED)	67	90	6'

RECEIVED
JUN 08 2005
WATER RESOURCES DEPT
SALEM, OREGON
Date Started 4-22-05 Completed 5-4-05

(unbonded) Water Well Constructor Certification
I certify that the work I performed on the construction, deepening, 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 _____ Date _____

Signed _____
(bonded) Water Well Constructor Certification
I accept responsibility for the construction, deepening, 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 Date 5-5-05
Signed Charles D. [Signature]