LINN 56835

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 59904
START CARD # 160820

(1) OWNER: Well Number _____
Name Dean Schrock
Address 31696 Allen Ln
City Tangent State OR Zip 97389

(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 65 ft.
~~Explosives used~~ ☐ Yes ☒ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
12"	0	18'	cement	0	18'	13½ sacks
8"	18	65				

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:	8"	+16"	59' 04"	.25	☒	☐	☒	☐
Liner:					☐	☐	☐	☐

Final location of shoe(s) 59' 04"

(7) PERFORATIONS/SCREENS:
☒ Perforations Method Acetylene torch
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
49' 04"	59' 04"	½x12	70	8"		☒	☐

(8) WELL TESTS: Minimum testing time is 1 hour
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
90	15' 06"		1 hr.

Temperature of water 54 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 12 S N or S Range 4W E or W. WM.
Section 01 _____ 1/4 _____ 1/4
Tax Lot 00800 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
31546 Hwy. 34 - Tangent OR

(10) STATIC WATER LEVEL:
15' 06" ft. below land surface. Date 8-12-05
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found 49'

From	To	Estimated Flow Rate	SWL
49'	58'	90gpm	1506

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown clay	2	17	
Brown cla y & gravel	17	31	
Dirty gravel	31	36	
Dark gray clay&gravel	36	49	
Black sand & gravel	49	58	15' 06"
Dark gray clay	58	65	

RECEIVED
AUG 19 2005
WATER RESOURCES DEPT
SALEM, OREGON

Date started 8-1-05 Completed 8-12-05

(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 1378
Signed _____ Date 8-15-05

ORIGINAL – WATER RESOURCES DEPARTMENT FIRST COPY – CONSTRUCTOR SECOND COPY – CUSTOMER