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FEB 06 2006

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

WELL I.D. # L _____ WATER RESOURCES DEPT
START CARD # _____ SALEM, OREGON

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

(1) OWNER: Well Number _____
Name Don Stockton
Address 30242 Harvest Dr
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 88 ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
12"	0	30"	cement	0	30"	18 cement
			bentonite			1 bentonite
8"	30	88"				

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"	0	81"	.25	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		06"		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) 81' 06"

(7) PERFORATIONS/SCREENS:

Perforations Method Acetylene torch
 Screens Type _____ Material _____

From	To	Sleeve size	Number	Diameter	Tube/pipe size	Casing	Liner
68' 06"	79' 3/8"	70	8"			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		x12"				<input type="checkbox"/>	<input type="checkbox"/>

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

Pump Bailer Air Flowing
Yield gal/min _____ Drawdown _____ Drill stem of _____ Time _____
110gpm 10 _____ 1 hr.

Temperature of water 53 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 4 W E or W. W.M.
Section 12 NW 1/4 NE 1/4
Tax Lot 300 Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) _____
31919 Lake Creek - Tangent

(10) STATIC WATER LEVEL:
8' ft. below land surface. Date 11-10-88
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
35'	88'	110gpm	8'

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Top soil	0	2	
Brown clay	2	15	
Blue clay	15	19	
Brown clay & gravel	19	35	
Dirty gravel	35	47	8'
Brown clay & gravel	47	55	
Brown sand & gravel	55	62	
Blue clay & gravel	62	68	
Black sand & gravel	68	73	
Black sandy clay	73	83	
Brown clay	83	88	

Date started 11-10-88 Completed 11-15-88
(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 _____ 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.
Signed Water Resources Dept WWC Number 1378 Date 11-16-88

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