

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

WELL I.D. # L 54289
START CARD # 171073

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

(1) LAND OWNER Name Wanda Scheler Well Number _____
Address 125 EXPO PARKWAY NE
City ALBANY State OR Zip 97322

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

HOLE SEAL
Diameter From To Material From To Sacks or pounds
10" 0 18 BENTONITE 0 18 35

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E
☒ Other DRY 3/8 chips

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: <u>6"</u>	<u>0</u>	<u>38 1/2'</u>	<u>250</u>	☒	☐	☒	☐
Liner: <u>NONE</u>				☐	☐	☐	☐

Drive Shoe used ☐ Inside ☒ Outside ☐ None
Final location of shoe(s) 38 1/2'

(7) PERFORATIONS/SCREENS:

☒ Perforations Method Mills Knife
☐ Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
<u>25</u>	<u>35</u>	<u>1/4"</u>	<u>12</u>	<u>40</u>		☒	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
<u>5</u>	<u>30'</u>		<u>1 hr.</u>

Temperature of water 51° 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 10S N or S Range 3W E or W. WM.
Section 33 NE 1/4 NE 1/4
Tax Lot 1200 Lot _____ Block _____ Subdivision _____
Street address of Well (or nearest address) KENWORTHY Rd 2369 ALBANY OR

(10) STATIC WATER LEVEL:

8 ft. below land surface. Date 5/9/06
Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

From	To	Estimated Flow Rate	SWL
<u>22</u>	<u>35</u>	<u>5 gpm</u>	<u>8'</u>

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
<u>BROWN SOIL</u>	<u>0</u>	<u>2</u>	
<u>BROWN CLAY</u>	<u>2</u>	<u>8</u>	
<u>BROWN CLAY + gravel</u>	<u>8</u>	<u>20</u>	
<u>MEDIUM GRAVEL</u>			
<u>1 BROWN SAND</u>	<u>20</u>	<u>35</u>	
<u>BLUE CLAY</u>	<u>35</u>	<u>60</u>	

RECEIVED

MAY 31 2006

WATER RESOURCES DEPT
SALEM, OREGON

Date started 5/4/06 Completed 5/9/06

(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 Tat Riedner WWC Number 65 Date 5/10/06