

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

(WELL I.D.)# **L 81349**

(START CARD) # **187337**

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

(1) OWNER: Well Number **4708**
 Name **Betty Seals**
 Address **31945 Rolland Dr.**
 City **Tangent** State **Oregon** 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 **120** ft.
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL				
Diameter	From	To	Material	From	To	Sacks or pounds	
10	0	80	Cement	20	80	30 sacks	
6	80	120	Bentonite	0	20	14 sacks	

How was seal placed: Method A B C D E
 Other **Poured dry**
 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	99	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner	4-1/2	+1	100	160	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

Perforations Method **4-1/2" Mono**
 Screens Type **PVC** Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
100	120	.020		4-1/2		<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem at	Time
50+		115	1 hr.

Temperature of water **52** Depth Artesian Flow Pump _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for _____
 Salty Muddy Odor Colored Acid
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:
 County **Linn** Latitude _____ Longitude _____
 Township **12 S** Range **4 W** WM.
 Section **1 NE** 1/4 NE 1/4
 Tax Lot **119** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **31945 Rolland Dr.**
Tangent, OR 97389

(10) STATIC WATER LEVEL:
10 ft. below land surface. Date **7/14/2006**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **25**

From	To	Estimated Flow Rate	SWL
25	60	50+	10
65	75	50+	10
108	120	100	10

(12) WELL LOG:

Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown clay	2	22	
Brown sand & gravel	22	55	10
Brown cemented clay & gravel	55	65	
Blue sand & gravel	65	75	10
Cemented clay & sand gravel	75	90	
Blue sandy clay & gravel	90	95	
Blue sand w/some gravel	95	105	
Blue sandy clay	105	108	
Blue sand & gravel	108	120	10

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

Date started **7/12/2006** Completed **7/12/2006**

(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 **7/18/2006**

(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 **1684**
 Date **7/18/2006**

RECEIVED

JUL 19 2006
WATER RESOURCES DEPT
SALEM, OREGON