

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

(WELL I.D.)# **L 86261**
 (START CARD) # **189732**

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

(1) OWNER: Well Number **4760**

Name **Steve Glaser**
 Address **P.O. Box 257**
 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 **108** ft
 Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
10	0	60	Cement	2	60	34 sacks
6	60	108	Bentonite	0	2	1 sack

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	+3	79	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Liner:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoe(s) _____

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Number	Diameter	Material	Tele/pipe size	Casing	Liner
							<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/> Pump	<input type="checkbox"/> Bailor	<input checked="" type="checkbox"/> Air	Flowing <input type="checkbox"/> Artesian
Yield gal/min	Drawdown	Drill stem at	Time
100		108	1 hr.

Temperature of water **52** Depth Artesian Flow Found _____
 Was a water analysis done? Yes By whom _____
 Did any strata contain water not suitable for intended use? Yes No To little

Salty Muddy Odor Colored Other
 Depth of strata: _____

(9) LOCATION OF WELL by legal description:

County **Linn** Latitude _____ Longitude _____
 Township **12** S Range **3** W WM
 Section **7** SW 1/4 SW 1/4
 Tax Lot **6801** Lot _____ Block _____ Subdivision _____
 Street Address of Well (or nearest address) **32929 Old Church Rd.**
Tangent, OR 97389

(10) STATIC WATER LEVEL:
18 ft. below land surface Date **10/13/2006**
 Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
 Depth at which water was first found **30**

From	To	Estimated Flow Rate	SWL
30	50	15	14
80	108	100+	18

(12) WELL LOG:
 Ground Elevation _____

Material	From	To	SWL
Topsoil	0	2	
Brown clay	2	18	
Brown cemented gravel	18	55	14
Brown clay	55	62	
Brown cemented gravel	62	70	
Black sand & gravel	70	90	18
Blue clay	90	95	
Black sand & gravel	95	100	18
Blue clay	100	105	
Black sand & gravel	105	108	18

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

Date started **10/11/2006** Completed **10/13/2006**

(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 **10/17/2006**

(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 **10/17/2006**

RECEIVED
OCT 20 2006