LINN 57646

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 87027
(START CARD) # 191132

(1) OWNER: Well Number 4790
Name **Mike Tatum**
Address **145 Marilynn St. 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 **87** ft.
Explosives used ☐ Yes ☑ No Type _____ Amount _____

HOLE Diameter	From	To	SEAL Material	From	To	Sacks or pounds
10	0	19	Bentonite	0	19	8 sacks
6	19	45				
8	45	59	Cement	45	59	3 sacks
6	59	87				

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	59	250	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐
Liner:					☐	☐	☐	☐
					☐	☐	☐	☐

Final location of shoe(s)

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

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐
						☐	☐

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

Yield gal/min	Drawdown	Drill stem at	Time
100		87'	1 hr.

Temperature of water 55 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 **11** S Range **3** W WM.
Section **3** **SE** 1/4 **NW** 1/4
Tax Lot **1100** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **145 Marilynn St. NE Albany, OR 97322**

(10) STATIC WATER LEVEL:
8 ft. below land surface. Date **2/14/07**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **14'**

From	To	Estimated Flow Rate	SWL
14	34	20	4'
cased and sealed off			
60	87	100	8

(12) WELL LOG:
Ground Elevation _____

Material	From	To	SWL
gravel fill	0	1	
Brown clay	1	6	
cemented gravel	6	10	
brown clay	10	14	
sand gravel	14	34	4'
brown clay	34	52	
blue sandy clay	52	60	
cemented sand gravel	60	87	8'
Do Not Set Pump Below 60'			

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

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WATER RESOURCES DEPT
SALEM, OREGON

Date started **2/13/07** Completed **2/14/07**

(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 **2/19/07**

(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 **2/19/07**

ORIGINAL & FIRST COPY-WATER RESOURCES DEPARTMENT SECOND COPY-CONSTRUCTOR THIRD COPY-CUSTOMER