LINN 57821

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 **87047**
(START CARD) # **192192**

(1) OWNER: Well Number **4824**
Name **Rod Webster**
Address **38665 Richardson Gap Rd.**
City **Scio** State **Oregon** Zip **97374**

(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 **80** ft.
Explosives used ☐ Yes ☑ No Type ____ Amount ____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
10	0	19	Bentonite	0	19	10 sacks
6	19	80				

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	79	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
40		80	1 hr.

Temperature of water **54** 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 **10** **S** Range **1** **W** WM.
Section **1** **NW** 1/4 **NW** 1/4
Tax Lot **200** Lot **#1** Block ____ Subdivision ____
Street Address of Well (or nearest address) **38665 Richardson Gap Rd.**
Scio, OR 97374

(10) STATIC WATER LEVEL:
7 ft. below land surface. Date **6/15/2007**
Artesian pressure ____ lb. per square inch. Date ____

(11) WATER BEARING ZONES:
Depth at which water was first found **58**

From	To	Estimated Flow Rate	SWL
58	80	40+	7

(12) WELL LOG:
Ground Elevation ____

Material	From	To	SWL
Topsoil	0	2	
Cobbles & clay	2	12	
Cemented clay & gravel	12	32	
Blue clay	32	36	
Cemented clay & gravel	36	52	
Blue clay	52	58	
Cemented gravel	58	80	7

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

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JUN 27 2007
WATER RESOURCES DEPT
SALEM, OREGON

Date started **6/14/2007** Completed **6/15/2007**

(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 **6/26/2007**

(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 **6/26/2007**

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