



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

(WELL I.D.)# 1 _____
(START CARD) # **197191**

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

(1) OWNER: Well Number **4901**
Name **Dorris Grizzle/Bill Sabol**

Address **33565 Dever Conner**
City **Albany** State **Oregon** Zip **97321**

(2) TYPE OF WORK
New Well Deepening Alteration (repair/recondition) Abandonment

(3) DRILL METHOD:
 Rotary Air Rotary Mud Cable Auger
 Other **Hand**

(4) PROPOSED USE:
Domestic Community Industrial Irrigation
Thermal Injection Livestock Other

(5) BORE HOLE CONSTRUCTION:
Special Construction approval Yes No Depth of Completed Well **filled** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			Sacks or pounds
Diameter	From	To	Material	From	To	
8"	5	18	Bentonite	5	18	8 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 _____

Casing	Diameter	From	To	Gauge	Steel	Plastic	Welded	Threaded
Casing	8"							
Liner								

(7) PERFORATIONS/SCREENS:

From	To	Slot size	Type	Number	Diameter	Material	Tele/pipe size	Casing	Liner

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

Pump	Bailer	Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
			Time
			1 hr.

Temperature of water _____ 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 **3** W WM.
Section **4** NE 1/4 SE 1/4
Tax Lot **1600** Lot _____ Block _____ Subdivision _____
Street Address of Well (or nearest address) **33565 Dever Conner Albany, OR 97321**

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

(11) WATER BEARING ZONES:

Depth at which water was first found _____

From	To	Estimated Flow Rate	SWL

(12) WELL LOG:
Ground Elevation _____
Material _____ From _____ To _____ SWL _____
Abandonment

RECEIVED

NOV 19 2007

**WATER RESOURCES DEPT
SALEM OREGON**

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

Date started **11/01/2007** Completed **11/01/2007**

(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 _____ 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  WWC Number **1684** Date **11/06/2007**