



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.)# 1.

(START CARD) # 197190

(1) OWNER: Well Number **490D**

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	22	Bentonite	5	22	10 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: 8"				<input type="checkbox"/>	<input type="checkbox"/>	<input 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:

Method		Type		Material			
From	To	Slot size	Number	Diameter	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"/> Bailer	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing
Yield gal/min	Drawdown	Drill stem at	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 SE** 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:

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.

WWC Number _____
 Signed _____ 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.

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