

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(WELL I.D.)# **1. 92428**

(START CARD) # **197203**

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

(1) OWNER: Well Number **4913**

Name **William Sabol**
Address **P.O. Box 404**
City **St. Paul** State **Oregon** Zip **97137**

(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 **60** ft.
Explosives used Yes No Type _____ Amount _____

HOLE			SEAL			
Diameter	From	To	Material	From	To	Sacks or pounds
16	0	60	Bentonite	0	18	24 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: 12	+1	59	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
19	59	7/16x10	400				<input checked="" type="checkbox"/>	<input type="checkbox"/>

Method **Torch cut**
Type _____

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

Pump	Bailer	Air	Flowing
Yield gal/min	Drawdown	Drill stem at	Artesian
500	All	60	
			1 hr

Temperature of water **54** Depth of water in flow line _____
Was a water analysis done? Yes By whom _____
Did any strata contain water not suitable for intended use? Too little
 Salty Muddy Odor Color Other _____
Depth of strata: _____

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SALEM OREGON

(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) **Dever Conner Rd.**
Albany, OR 97321

(10) STATIC WATER LEVEL:
14 ft. below land surface. Date **12/03/2007**
Artesian pressure _____ lb. per square inch. Date _____

(11) WATER BEARING ZONES:
Depth at which water was first found **18**

From	To	Estimated Flow Rate	SWL
18	44	700	14

(12) WELL LOG:

Material	From	To	SWL
Sandy loam	0	10	
Cemented gravel	10	18	
Gravel & sand	18	40	14
Cemented gravel	40	46	
Blue clay	46	60	
Hole caved around casing from	60	18	

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

Date started **11/30/2007** Completed **12/03/2007**

(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 **K. ADONIS** WWC Number **1411** Date **12/12/2007**

(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 **[Signature]** WWC Number **1684** Date **12/12/2007**