

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765)

(WELL I.D.)# L 92429

(START CARD) # 197204

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

(1) OWNER: Well Number **4914**

Name **William Sabol**

Address **P.O. Box 204**

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			Sacks or pounds
Diameter	From	To	Material	From	To	
16	0	60	Bentonite	0	18	30 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	60	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:

Perforations Method **Torch cut**

Screens Type _____ Material _____

From	To	Slot size	Number	Diameter	Tele/pipe size	Casing	Liner
19	60	7/16x10	400			<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Yield gal/min	Drawdown	Drill stem at	Time
600	All	55	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 **3** W WM.
 Section **4** NE 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:

13 ft. below land surface Date **12/10/2007**
 Artesian pressure _____ lb. per square inch Date _____

(11) WATER BEARING ZONES:

Depth at which water was first found **19**

From	To	Estimated Flow Rate	SWL
19	46	800+	13

(12) WELL LOG:

Material	From	To	SWL
Sandy loam	0	14	
Cemented gravel	14	19	
Sand & gravel	19	46	13
Cemented gravel	46	50	
Blue clay	50	60	
Hole caved in around casing from	60	18	

JONES DRILLING CO., INC. **RECEIVED**
29400 SANTIAM HWY.
LEBANON, OR 97355
541-367-2560 541-451-2686
1-800-915-8388
DEC 14 2007
WATER RESOURCES DEPT
SALEM, OREGON

Date started **12/07/2007** Completed **12/10/2007**

(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 *KAD* WWC Number **1411** Date **12/13/2007**

(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 *Butz* WWC Number **1684** Date **12/13/2007**