

STATE OF OREGON
 WATER SUPPLY WELL REPORT
 (as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 92435

START CARD # 197218

(1) LAND OWNER Owner Well I.D. 4928

First Name Gary Last Name Burton
 Company _____
 Address 4980 Malney Rd.
 City Monmouth State OR Zip 97361

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

(3) DRILL METHOD
 Rotary Air Rotary Mud Cable Auger Cable Mud
 Reverse Rotary Other

(4) PROPOSED USE Domestic Irrigation Community
 Industrial/ Commercial Livestock Dewatering
 Thermal Injection Other

(5) BORE HOLE CONSTRUCTION Special Standard (Attach copy)
 Depth of Completed Well 60 ft.

BORE HOLE			SEAL			Amt	sacks/ lbs
Dia	From	To	Material	From	To		
16	0	60	Bentonite	0	19	46	S

How was seal placed: Method A B C D E

Other Poured dry

Backfill placed from _____ ft. to _____ ft. Material _____

Filter pack from _____ ft. to _____ ft. Material _____ Size _____

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Casing	Liner	Dia	From	To	Gauge	Stl	Plstc	Wld	Thrd
<input checked="" type="checkbox"/>	<input type="checkbox"/>	12	1	20	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14	20	60	250	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia 16 From 1 To 60

(7) PERFORATIONS/SCREENS

Perforations Method Torch cut

Screens Type _____ Material _____

Perf/S	Casing/	Screen	From	To	Scrm/slot	Slot	# of	Tele/
Perf	Casing	Lin	From	To	width	length	slots	pipe size
			20	60	.438	10	400	

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

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
1,000		55	1

Temperature 54 °F Lab analysis Yes By _____

Water quality concerns? Yes (describe below)

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)

County LINN Twp 10 S N/S Range 3 W E/W WM
 Sec 8 SE 1/4 of the NW 1/4 Tax Lot 500
 Tax Map Number _____ Lot _____
 Lat _____ " or 0 DMS or DD
 Long _____ " or 0 DMS or DD
 Street address of well Nearest address

32774 Dever Conner Rd. NE, Albany, OR 97321

(10) STATIC WATER LEVEL

Existing Well / Predeepening	Date	SWL(psi)	+	SWL(ft)
Completed Well	03-06-2008			9

Flowing Artesian? Dry Hole?

WATER BEARING ZONES Depth water was first found 16

SWL Date	From	To	Est Flow	SWL(psi)	+	SWL(ft)
03-06-2008	16	50	1,000			9

(11) WELL LOG

Ground Elevation _____

Material	From	To
Sandy loam	0	10
Cemented gravel	10	15
Gravel & sand	15	50
Blue Clay	50	60

Allowed formation to naturally cave in around casing below 20'

JONES DRILLING CO., INC. **RECEIVED**
 29400 SANTIAM HWY.
 LEBANON, OR 97355
 541-367-2560 541-451-2686
 1-800-915-8388
 MAR 24 2008
 WATER RESOURCES DEPT
 SALEM, OREGON

Date Started 03-04-2008 Completed 03-06-2008

(unbonded) Water Well Constructor Certification

I certify that the work I performed on the construction, deepening, 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.

License Number 1411 Date 03-20-2008

Password: (if filing electronically)
 Signed *KADMA*

(bonded) Water Well Constructor Certification

I accept responsibility for the construction, deepening, 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.

License Number 1684 Date 03-20-2008

Password: (if filing electronically)
 Signed *Bret Jones*

Contact Info (optional) Jones Drilling Co. Inc. 1-800-915-8388