

STATE OF OREGON
WATER SUPPLY WELL REPORT

(as required by ORS 537.765 & OAR 690-205-0210)

WELL LABEL # L 96592

START CARD # 199209

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

(1) LAND OWNER Owner Well I.D. DR-2217
First Name _____ Last Name _____
Company GREATER ALBANY PUBLIC SCHOOLS
Address 718 7th WEST
City ALBANY State OREGON Zip 97321

(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 Injection
 Thermal Other _____

(5) BORE HOLE CONSTRUCTION Special Standard: Yes (attach copy)
Depth of Completed Well 194 ft.

BORE HOLE			SEAL					
Dia	From	To	Material	From	To	Amount	Scks/lbs	
			<u>UNDISTURBED</u>					
<u>10"</u>	<u>0</u>	<u>194</u>						

How was seal placed: Method A B C D E
 Other N/A

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

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

Explosives used: Yes Type _____ Amount _____

(6) CASING/LINER

Csng	Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd

Shoe Inside Outside Other Location of shoe(s) _____

Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf	Scrn	Csng	Linr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
<u>EST. 30</u>		<u>190'</u>	<u>1 HOUR</u>

Temperature 56 °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 11 N of S Range 4 E of W.M.
Sec 12 NE 1/4 of the SE 1/4 Tax Lot 400
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) 24th + Elm
ALBANY, ORE.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Predeepening				
Completed Well	<u>4-21-09</u>		-	<u>8'6"</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found ORIGINAL

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>4-21-09</u>	<u>UNKNOWN</u>		<u>30 GPM</u>		-	<u>8'6"</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Cleaned out 10" well to 200'</u>		
<u>Obstruction between 194-200'</u>		
<u>with silty sand & casing.</u>		
RECEIVED		
MAY 27 2009		
WATER RESOURCES DEPT		
SALEM, OREGON		

Date Started 4-21-09 Completed 4-21-09

(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 1667 Date 4-22-09

Signed Joe Williams

(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 664 Date 4-22-09

Signed Charles D. August
Contact Info. (optional)