

STATE OF OREGON

WATER SUPPLY WELL REPORT

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

WELL LABEL # L 107764

START CARD # 1016765

(1) LAND OWNER Owner Well I.D. 5261

First Name Paul Last Name Harcombe
 Company _____
 Address 30680 Horseshoe Dr.
 City Albany State OR 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
 Thermal Injection Other _____

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

BORE HOLE			SEAL		sacks/	
Dia	From	To	Material	From	To	Amt lbs
13	0	19	Bentonite	0	19	14 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

Shoe Inside Outside Other Location of shoe(s) _____

Temp casing Yes Dia _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method _____

Screens Type _____ Material _____

Perf/S	Casing/	Screen	Scrn/slot	Slot	# of	Tele/
green	Liner	Dia	width	length	slots	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)

Temperature _____ °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 S N/S Range 4 W E/W WM
 Sec 22 SE 1/4 of the NW 1/4 Tax Lot 800
 Tax Map Number _____ Lot _____
 Lat _____ ° ' " or _____ DMS or DD
 Long _____ ° ' " or _____ DMS or DD

Street address of well Nearest address

30680 Horseshoe Dr., Albany, OR 97321

(10) STATIC WATER LEVEL

	Date	SWL(psi)	+ SWL(ft)
Existing Well / Predeepening			
Completed Well			

Flowing Artesian? Dry Hole?

WATER BEARING ZONES

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)

(11) WELL LOG

Material	From	To	Ground Elevation
Topsoil	0	2	
Brown sandy clay	2	17	
Cemented gravel	17	19	

RECEIVED

JUN 08 2012

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 06-01-2012 Completed 06-01-2012

(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 06-05-2012

Password : (if filing electronically)
 Signed _____

(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 06-05-2012

Password : (if filing electronically)
 Signed _____

Contact Info (optional) jonesdrilling@hotmail.com