

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

REVISED

WELL LABEL # L 103574

START CARD # 1016764

(1) LAND OWNER Owner Well I.D. 5260

First Name Wade Last Name Cox
Company
Address 33927 Berry Dr. NE
City Albany State OR Zip 97322

(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			sacks/	
Dia	From	To	Material	From	To	Amt	lbs
12	0	20	Bentonite	0	18	15	S
10	20	42					
8	42	60					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E☒ Other Poured dry

Backfill placed from 18 ft. to 25 ft. Material 3/8 pea gravel

Filter pack from 25 ft. to 60 ft. Material Silica/pea gr Size 10-20 3/8

Explosives used: ☐ Yes Type Amount

(6) CASING/LINER

Casing	Liner	Dia	+	From	To	Gauge	Std	Plstc	Wld	Thrd
☒	☒	6	☒	1.5	25	250	☒	☒	☒	☒
☐	☐	6	☐	45	60	250	☐	☐	☐	☐

Shoe ☐ Inside ☐ Outside ☐ Other Location of shoe(s)Temp casing ☒ Yes Dia 12 From 0 To 20

(7) PERFORATIONS/SCREENS

Perforations Method

Screens Type Wire wrap Material Stainless stl.

Perf/S	Casing/Screen	Liner	Dia	From	To	Scr/slot width	Slot length	# of slots	Tele/ pipe size
Screen			6	25	45	.02			

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

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Drill stem/Pump depth	Duration (hr)
60	32		2

Temperature 54 °F Lab analysis ☐ Yes ByWater 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 27 NW 1/4 of the NE 1/4 Tax Lot 1201

Tax Map Number Lot

Lat ° ' " or DMS or DD

Long ° ' " or DMS or DD

☒ Street address of well ☐ Nearest address

Shady Bend Dr., Albany, OR 97322

(10) STATIC WATER LEVEL

Date SWL(psi) + SWL(ft)

Existing Well / Predeepening			
Completed Well	05-31-2012		8

Flowing Artesian? ☐ Dry Hole? ☐

WATER BEARING ZONES

Depth water was first found 27

SWL Date	From	To	Est Flow	SWL(psi)	+ SWL(ft)
05-31-2012	27	40	60		8

(11) WELL LOG

Ground Elevation

Material	From	To
Topsoil	0	2
Brown clay	2	18
Brown sandy clay	18	27
Brown sand w/some rock	27	40
Blue sticky blue clay	40	60

RECEIVED

JUN 21 2012

JONES DRILLING CO., INC.

29400 SANTIAM HWY.

LEBANON, OR 97355

541-367-2560 541-451-2686

1-800-915-8388

WATER RESOURCES DEPT
SALEM, OREGON

Date Started 05-29-2012 Completed 05-31-2012

(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

ORIGINAL - WATER RESOURCES DEPARTMENT

THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 60 DAYS OF COMPLETION OF WORK

Form Version: 0.95

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Date 06-05-2012

Password : (if filing electronically)

Signed _____

Contact Info Optional Jonesdrilling@hotmail.com

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Form Version: 0.95