

STATE OF OREGON
WATER SUPPLY WELL REPORT

LINN 60203

WELL LABEL # L 107407
START CARD # 208604
ORIGINAL LOG #

linn
60203

(ORS 537.765 & OAR 690-205-0210)

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

(1) LANDOWNER Owner Well I.D. DR-3037
First Name _____ Last Name _____
Company Scio Loop Country Communities LLC
Address 6285 N.W. Dumbreck
City Albany State ORE Zip 97321

(2) TYPE OF WORK New Conversion Deepening
 Alteration (complete Sections 2a & 10) Abandonment (complete Section 5a)

(2a) PRE-ALTERATION: Well Depth 306 ft.
Seal Material UNKNOWN
Casing Type: Steel Plastic Other _____
Casing Gauge .250 Casing Diameter 6"

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

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

(5) BORE HOLE CONSTRUCTION
Depth of Completed Well 342 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
			<u>UNDISTURBED</u>				
<u>6"</u>	<u>306</u>	<u>342</u>					

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

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

(5a) ABANDONMENT USING UNHYDRATED BENTONITE:
Calculated Amount Proposed to be Used: _____ sacks/lbs
Actual Amount Used: _____ sacks/lbs

(6) CASING/LINER

Csng	Lnr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
<u>X</u>	<u>4 1/2</u>	<u>G.L.</u>		<u>330</u>	<u>Sch 40</u>			<u>X</u>		

Shoe Inside Outside Other Location of shoe(s) N/A
Temporary casing Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS
Perforations Method SAW
Screens Type SLOT Material CERTA-LUX

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
<u>X</u>			<u>X</u>		<u>232</u>	<u>327</u>	<u>1/8"</u>	<u>6"</u>	<u>180</u>	

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

Yield gal/min 100+ Drawdown _____ Drill stem/Pump depth 340' Duration (hr) 1 hr.

Temperature 56 °F Lab analysis Yes By _____
Water quality concerns? Yes (describe below) TDS _____ ppm

From	To	Description	Amount	Units

(9) LOCATION OF WELL (legal description)
County LINN Twp 9 S Range 1 or W.M.
Sec 32 SW 1/4 of the SW 1/4 Tax Lot 704
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address)
40,000 Stanton/Scio Loop Rd. Scio Ore.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>6-20-12</u>		-	<u>91'</u>
Completed Well	<u>6-20-12</u>		-	<u>91'</u>

Flowing Artesian? Yes Dry Hole? Yes
WATER BEARING ZONES Depth water was first found 290

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-20-12</u>	<u>290</u>	<u>326</u>	<u>100+ gpm</u>		-	<u>91'</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>BASALT - BLACK</u>	<u>306</u>	<u>342</u>

RECEIVED BY OWRD RECEIVED BY OWRD
JUL 17 2012 AUG 08 2012
SALEM, OR SALEM, OR

Date Started 6-20-12 Completed 6-21-12

(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 6-22-12

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 6-22-12

Signed Chal O. Auger
Contact Info (optional)

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