

**STATE OF OREGON
WATER SUPPLY WELL REPORT**

(ORS 537.765 & OAR 690-205-0210)

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

LINN 60285

WELL LABEL # L 107410

START CARD # 208585

ORIGINAL LOG #

(1) LANDOWNER Owner Well I.D. DR-3043

First Name A.Y.S.O. Last Name Region 870
Company P.O. Box 1923
Address 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 98 ft.

Seal Material _____
Casing Type: ☐ Steel ☐ Plastic ☐ Other _____
Casing Gauge _____ Casing Diameter _____

(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 98 ft. Special Standard: ☐ Yes (attach copy)

BORE HOLE			SEAL			Amount	Scks/lbs
Dia	From	To	Material	From	To		
12"	0	19	BENTONITE	0	19	12	545
8"	19	98					

How was seal placed: Method ☐ A ☐ B ☐ C ☐ D ☐ E

☒ Other FOUREO DRY

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

Csg/Linr	Dia	+	From	To	Gauge	Steel	Plastic	Welded	Thrd
X	8"	+	1	99	.250	X		X	

Shoe ☐ Inside ☒ Outside ☐ Other Location of shoe(s) 99'
Temporary casing ☐ Yes Diameter _____ From _____ To _____

(7) PERFORATIONS/SCREENS

Perforations Method HOLTE
Screens Type SLOT Material STEEL

Perf	Sern	Csg/Linr	Screen Dia	From	To	Screen/slot width	Slot length	# of slots	Tele/pipe size
X	X			50	78	1/4"	1"	846	

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal/min 150+ Drawdown 90' Drill stem/Pump depth 2 Duration (hr) 2

Temperature 54 °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 12 N or S S Range 2 E or W W.M.
Sec 23 NE 1/4 of the SE 1/4 Tax Lot 100
Tax Map Number _____ Lot _____
Lat _____ " or _____ DMS or DD
Long _____ " or _____ DMS or DD

Street Address of Well (or nearest address) CHEADLE LAKE
ON WEIRICH DR. LEBANON, ORE.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration				
Completed Well	<u>9-20-12</u>		-	<u>8'</u>

Flowing Artesian? ☐ Yes Dry Hole? ☐ Yes

WATER BEARING ZONES Depth water was first found 49'

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>9-19-12</u>	<u>49</u>	<u>79</u>	<u>150+ gpm</u>		-	<u>8'</u>

(11) WELL LOG

Ground Elevation _____

Material	From	To
Top Soil	0	2
CLAY - BROWN	2	8
CLAY - BROWN w/ GRAVEL	8	12
CLAY - BROWN	12	18
CLAY - BROWN w/ GRAVEL	18	26
GRAVEL w/ CLAY - BROWN	26	49
SAND & GRAVEL	49	79
SAND & GRAVEL w/ CLAY - BROWN	79	93
SAND & BROWN CLAY	93	99

Date Started 9-18-12 Completed 9-20-12

(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.

RECEIVED BY OWRD

License Number _____ Date _____

Signed OCT 26 2012

(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 6664 Date 9-21-12

Signed Paul D. August
Contact Info. (optional)