## **LINN 60295**

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

WELL LABEL # L	108584
START CARD#	1018220

(9) LOCATION OF WELL (legal description)  Company Comp Kinness  Lat Name  Company Comp Kinness  Advantage 34025 Kinness  Alteriate (legal/heart file)  Abustation (legal/heart file)  Abus			<u>·</u>	
Compared Camp Kollonia   Advances And Camp King Camp Kollonia   Abandomacer   Abando	(1) LAND OWNER Owner Well I.D. 5297	(9) LOCATION OF WELL (legal description)		
Address 43002 North River Dr.  (2) Novet Home   Sule   OR   Zip 97386				
Carrent   Conversion   Conver				
Conversion   Conversion   Abandonnest   Ab		·		
Alteration (reguir/recondition)   Abandonnerd   Abandonn		Lat		
3062 North River Dr., Sweet Home, OR 97386		Long		
Cable   Augur   Cable   Augu	Alteration (repair/recondition) Abandonment			
Reverse Rolary   Other		43062 North River Dr., Sweet Home, OR 97386		
Commercial   Livestock   Dewatering   Towns   Date   SWL(ps)   S		(10) STATIC WATER LEVEL		
Completed Well   Description   Description   Community   Industrial Commental   Description   Desc		Date SV	VL(psi) + SWL(ft)	
Industrial Commercial   Livestock   Deveatering   Thormal   Injection   Other			17	
Sort   Depth of Completed Well   101   1   1   1   1   1   1   1   1			y Hole?	
Depth of Completed Well   101			s first found 75	
DIA FORM TO   Material   SIGAL   Secket   Dia Form To   Material   From To   To   Filter pack from To   To   To   To   To   To   To   To				
Dia From To Material From To Ant ibs Bentonite O 20 11 S S				
10				
R				
Constitution   Cons				
How was seal placed: Method A B C D E   Material		(11) WELL LOG Ground Flevation		
Some content of the		<b>-</b>	From To	
Backfill placed from				
Explosives used:				
CASING/LINER   Casing Liner   Dia	Filter pack from ft. to ft. Material Size			
Casing Liner Dia	Explosives used: Yes Type Amount			
Casing Liner Dia From To Gauge Stl Plstc Wid Thrd    Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Liner Liner Dia From To Gauge Stl Plstc Wid Thrd   Casing Screen Stl Plstc Wid Thrd Screen Stl Plstc Wid Thrd   Casing Screen Stl Plstc Wid Thrd Screen Stl Plstc Wide Screen Stl Plstc Wide Screen Screen Disposition Screen Stl Plstc Wide Screen Screen Disposition	(6) CASING/LINER		90 101	
Shoe Inside Outside Other Location of shoe(s) Temp casing X yes Dia 10 From 0 To 20  (7) PERFORATIONS/SCREENS Perforations Method Drilled Screens Type Material Screen Liner Dia From To width length slots pipe size Perf Liner 61 101 25 900    Seminary Screen	Casing Liner Dia + From To Gauge Stl Plstc Wld Thrd			
Shoe Inside Outside Other Location of shoe(s)  Temp casing Yes Dia 10 From 0 To 20  (7) PERFORATIONS/SCREENS  Perforations Method Drilled  Screens Type Material 1-800-915-8388  Perform To width length slots pipe size Perf Liner Dia From To width length slots pipe size Perf Liner Dia From To width length slots pipe size Perf Liner Dia From To width length slots pipe size Perf Liner Dia From To width length slots pipe size Perf Liner Dia From To width length slots pipe size Perf Liner Dia From To width length slots pipe size Department 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 10-29-2012  Password: (if filing a lectromically) Signed Contact Info Potionally for 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 10-29-2012  Password: (if filing a lectromically) Signed Contact Info Potionally for 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 10-29-2012  Password: (if filing a lectromically) Signed Contact Info Potionally for the construction dates reported above. All work performed during this time is in compliance with Oregon water supply well constructions.  ORIGINAL - WATER RESOURCES DEPARTMENT  THIS REPORT MIST BE SUBMITIED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK				
Shoe   Inside   Outside   Other   Location of shoe(s)   29400   SANTIAM   HWY.   1   1   29400   SANTIAM   HWY.   1   29400   SANTIAM   HWY.   1   1   29400   SANTIAM   HWY.   1   29400   SANTIAM   HWY.   1   1   29400   SANTIAM   HWY.   1   29400   SANTIAM   HWY.   1   1   29400   SANTIAM   HWY.   1   29400   SANTIAM   HWY.   1	4.5 1 101 sch40		BECEIVED BY OWN	
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Shoe Inside Outside Other Location of shoe(s) Temp casing X Yes Dia 10 From 0 To 20  (7) PERFORATIONS/SCREENS  Perforations Method Drilled Screen Type Material  Perf/S Casing/ Screen Creen Liner Dia From To width length slots pipe size Perf Liner 61 101 25 900		IONES DELL'INC CO INC		
Temp casing   Yes   Dia 10   From 0   To 20	Shoe Inside Outside Other Location of shoe(s)		OCT  <b>3 1 2012</b>	
Crop   Perforations   Method   Drilled   Screens   Type   Material     Screen   Type   Material   Screen   Type   Material   Screen   Type   Material   Screen   Type   Material   Screen   Type   Material   Screen   Type   Material   Screen   Type   Material   Screen   Type   Material   Screen   Type   Material   Screen   Type   Material   Screen   Type   Screen   Type   Material   Score   Type   Screen   Type   Material   Score   Type   Material   Score   Type   Screen   Type   Screen   Type   Material   Score   Type   Screen   Type   Screen   To be scription   Type   Score   Type		II		
Perforations Method Drilled Screen Type Material  Perf/S Casing/ Screen Type Material  Perf/S Casing/ Screen Type Material  Perf Liner Dia From To width length slots pipe size  Perf Liner Dia From To width length slots pipe size  Perf Liner Dia From To width length slots pipe size  Perf Liner Dia From To width length slots pipe size    Completed 10-23-2012   Completed 10-23-2012		· · · · · · · · · · · · · · · · · · ·	SAI EM OR	
Perf/S Casing/ Screen			Ontain, On	
Compared	Screens Type Material	1-800-915-8388		
Clear   Clied   Clie		Date Started 10-22-2012 Completed	10-23-2012	
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.    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   10-29-2012				
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.    WELL TESTS: Minimum testing time is 1 hour	101 Emer 01 101 .23 300	1 ` ′		
the best of my knowledge and belief.    Constructor Certification   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.    Contact Info (ptional) jonestrating (a) to part of the work performed in this performance 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.    Contact Info (ptional) jonestrating (a) to part of the work performed in 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   1411		abandonment of this well is in compliance with	Oregon water supply well	
Same			ion reported above are true to	
Pump Bailer Air Flowing Artesian Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)    100	(ON WITH A TRECTE NAME of the state of the s		0.20.2012	
Yield gal/min Drawdown Drill stem/Pump depth Duration (hr)    100			U-27-2012	
100				
Temperature 53 °F Lab analysis Yes By  Water quality concerns? Yes (describe below)  From To Description Amount Units  Contact Info (potional) jone during (location)  ORIGINAL - WATER RESOURCES DEPARTMENT  THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK		(bonded) Water Well Constructor Certification	<u> </u>	
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 10-29-2012  Password: (if filing electronically)  Signed Contact Info (potional) jone standards. This report is true to the best of my knowledge and belief.  License Number 1684 Date 10-29-2012  Password: (if filing electronically)  Signed Contact Info (potional) jone standards. This report is true to the best of my knowledge and belief.  License Number 1684 Date 10-29-2012  Password: (if filing electronically)  Signed Contact Info (potional) jone standards. This report is true to the best of my knowledge and belief.  License Number 1684 Date 10-29-2012  Password: (if filing electronically)  Signed Contact Info (potional) jone standards. This report is true to the best of my knowledge and belief.  License Number 1684 Date 10-29-2012  Password: (if filing electronically)  Signed Contact Info (potional) jone standards. This report is true to the best of my knowledge and belief.		1 ` '	ng, alteration, or abandonment	
Water quality concerns? Yes (describe below)  From To Description Amount Units  License Number 1684 Date 10-29-2012  Password: (if filing/electrostically)  Signed Contact Info (potional) jone attriling@lotpail.com  ORIGINAL - WATER RESOURCES DEPARTMENT  THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK		work performed on this well during the construction of	dates reported above. All work	
From To Description Amount Units    License Number 1684   Date 10-29-2012				
Password: (it filing/electronically) Signed Contact Info (ptional) joncativiling@lotpail.com  ORIGINAL - WATER RESOURCES DEPARTMENT THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK		^ `	, ,	
Signed Contact Info (ptional) joncativiling@lotteail.com  ORIGINAL - WATER RESOURCES DEPARTMENT  THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPARTMENT WITHIN 30 DAYS OF COMPLETION OF WORK	From to Description Amount Units		<u>29-2012</u>	
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	THIS REPORT MUST BE SUBMITTED TO THE WATER RESOURCES DEPART!	MENT WITHIN 30 DAYS OF COMPLETION OF WO	RK Form Version: 0.95	