

STATE OF OREGON
WATER SUPPLY WELL REPORT

LINN 60466

WELL LABEL # L 56773
START CARD # 209906
ORIGINAL LOG #

(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. OR-1721-B
First Name _____ Last Name _____
Company CITY OF SODAVILLE
Address 30723 SODAVILLE RD.
City LEGANON State ORE Zip 97355

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

(2a) PRE-ALTERATION: Well Depth _____ 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 379 ft. Special Standard: Yes (attach copy)

BORE HOLE			SEAL				
Dia	From	To	Material	From	To	Amount	Scks/lbs
6"	0	379	UNDISTURBED				

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
X		4 1/2"	+	1	379	Sch 40		X		

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

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

Perf	Scrn	Csng	Lnr	Screen Dia	From	To	Screen/ slot width	Slot length	# of slots	Tele/ pipe size
X			X		220	374	1/8"	6"	360	

(8) WELL TESTS: Minimum testing time is 1 hour
 Pump Bailer Air Flowing Artesian
Yield gal/min 30+ Drawdown 375' Drill stem/Pump depth 1 hr. Duration (hr)
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 of 3 Range 1 or W.M.
Sec 31 NE 1/4 of the SW 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) CORNER OF St. Louis St AND PINE ST.

(10) STATIC WATER LEVEL

	Date	SWL (psi)	+	SWL (ft)
Existing Well/Pre-Alteration	<u>6-11-13</u>		-	<u>237</u>
Completed Well	<u>6-12-13</u>		-	<u>244</u>

Flowing Artesian? Yes Dry Hole? Yes

WATER BEARING ZONES Depth water was first found _____

SWL Date	From	To	Est Flow	SWL (psi)	+	SWL (ft)
<u>6-12-13</u>	<u>289</u>	<u>352</u>	<u>30+ gpm</u>		-	<u>244</u>

(11) WELL LOG Ground Elevation _____

Material	From	To
<u>Claystone SANDSTONE GRAY</u>	<u>320</u>	<u>376</u>
<u>Claystone LT GRAY</u>	<u>376</u>	<u>382</u>
<u>HOLE CAVED BACK TO 379'</u>		

Date Started 6-11-13 Completed 6-12-13

(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 _____ Date _____
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 6664 Date 6-12-13
Signed Charles D. August
Contact Info. (optional) **RECEIVED BY OWRD**

JUL 10 2013